

00986

PERMIT ISSUED

| HEAT!                                                        | APPLICATIONS, COOKIN                  |                                 | ERMIT FOR<br>WER EQUIPME                 | ENT                              | NUV                         | 5 1982                |
|--------------------------------------------------------------|---------------------------------------|---------------------------------|------------------------------------------|----------------------------------|-----------------------------|-----------------------|
| Them !                                                       | Por                                   | tland, Maine,                   | Nov. 1                                   | 3, 1982                          | CITY of                     | PORTLAND              |
| To the INSPECTOR OF BUI                                      | LDINGS, PORTE                         | AND, MF.                        |                                          |                                  | <b>-</b>                    |                       |
| The undersigned hereby ance with the Laws of Maine, th       | applies for a per<br>ie Building Code | mit to install<br>of the City o | the following hear<br>f Pordand, and the | ng, cooking or<br>following spec | power - zuipu<br>ipcations: | eni sa accort         |
| Location 276 Congre                                          | Cac                                   | of Puit ling                    |                                          |                                  | lies 1                      | New Building Existing |
| Name and address of owner of<br>Installer's name and address | approxime.                            |                                 | Inc 278 Co<br>an St. So. Por             | -                                | e <sup>*</sup> સુધે દેવાલ   | 799-1521              |
|                                                              | Gene                                  | ra! Descr                       | iption of Work                           | ,                                |                             |                       |
| To install replacement st                                    | beam boiler a                         | burner                          |                                          |                                  |                             |                       |
|                                                              |                                       |                                 | POWER BOILE                              |                                  |                             |                       |
| Location of appliance bas                                    | rment An                              | y bornabie in                   | atema" in Hoser sort a                   | re or beneath?                   | no                          |                       |
| I: → "z z protected"                                         |                                       |                                 | Kind o.                                  | _                                |                             | fuel oil              |
| Minimum distance to burnable                                 | naterial, from to                     | p of applianc                   |                                          | -                                | ' all aro                   |                       |
| From top of smoke pipe                                       | From from                             | nt of applian                   | ce "re                                   | on sides or bac                  | k of applianc               | e                     |
| Size of chimney flue 9"                                      | Other con                             | nections to s                   | ame flue nors                            | ı                                |                             |                       |
| If gas fired, how vented?                                    |                                       |                                 | Racid re                                 | isimum deman                     | id per hour                 |                       |
| Will sufficient fresh air be suppl                           | ied to the applian                    | ce to insure p                  | roper and sate comb                      | astronii 💮 😗                     | <i>r</i> 95                 |                       |
|                                                              |                                       | IF OIL                          | BURNER                                   |                                  |                             |                       |
| Name and type of burner B                                    | eckett - gun                          |                                 | Lu'selled                                | by underwrite                    | rs' laboratorie             | s: yes                |
| Will operator be always in atte                              | ndance?no                             | Does oil                        | supply line feed fro                     | m tep or botto                   | m of tank?                  | bottom                |
| Type of floor beneath burner                                 | concrete                              |                                 | Size of vent page                        | 14                               |                             |                       |
| Location of oil storage                                      | basement                              |                                 | Num. er and capa                         | city of tanks                    | 2-275 g                     | TT.                   |
| Low water shut off                                           | yes                                   | Make                            | McDonald Mille                           | r                                | No.                         |                       |
| Will all tanks be more than five                             | -                                     | me yes                          | How many tark                            | ks enclosed?                     | non                         | 9                     |
| Total capacity of any existing                               |                                       |                                 |                                          | gal.                             |                             |                       |
|                                                              | -                                     |                                 |                                          |                                  |                             |                       |

IF COOKING APPLIANCE

Any barnable material in floor surface or beneath? Location of appliance Height of Legs, if any If so, how protected? Distance to combistible material from top of appliance? Skirting at bottom of appliance? From top of smokepipe From sides and back From front of appliance Other connections to same flue Size of chimney flue Forced or gravity? If so, how vented? Is hood to be provided? Rated maximum demand per hour If gas fired, how vented?

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

|           |         | ••     |       |
|-----------|---------|--------|-------|
| Amount of | tee enc | losed? | 15.00 |

| APF       | ROI | 'ED: |  |  |
|-----------|-----|------|--|--|
|           |     |      |  |  |
| . <b></b> |     |      |  |  |
|           |     |      |  |  |

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are

FILE COPY

Signature of Installer .. Union Oil Co Edward F. Combes



# DEPARTMENT OF BUILDING INSPECTIONS SERVICES ELECTRICAL INSTALLATIONS

Tate July 24 , 19 80 leccipt and Permit number A 51531

| OCATION OF WORK: 274 CONSTITUTE                                                                  | and nebumpunga         | Pva                                     | Road                                    | ing specificat    |      |
|--------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------|-----------------------------------------|-------------------|------|
| aine, the Portland Electrical Ordinance, the OCATION OF WORK: 274 Congress WNER'S NAME: Philip L | evinskyDDRESS:         |                                         |                                         |                   | FEES |
| UTLETS: Receptacles Switches                                                                     |                        |                                         |                                         |                   | 3.00 |
| Receptacles Switches                                                                             | Plugmold I             | LIOIAL                                  | -                                       |                   |      |
| X'TURES: (number of)                                                                             | ( at atain) TO         | ΓΔΙ.                                    |                                         |                   | /    |
| Incandescent Floure scent ft                                                                     | (not strip) 10         |                                         |                                         |                   |      |
| Strip Flourescent II                                                                             |                        |                                         |                                         | 200 /             | 3.00 |
| ERVICES.  Overhead X Underground                                                                 | Temporary              | TOTAL                                   | amperes                                 | 100 .             | 50   |
| Overhead X Underground ETERS: (number of) 1                                                      |                        | . <i></i>                               |                                         | • • • • • • • • • |      |
| ETERS: (number of)                                                                               |                        |                                         |                                         |                   |      |
| OTORS: (number of) Fractional                                                                    |                        |                                         |                                         |                   |      |
| Fractional 1 HP or over                                                                          |                        |                                         |                                         |                   |      |
| ESIDENTIAL HEATING:                                                                              |                        |                                         |                                         |                   |      |
| ESIDENTIAL HEATING: Oil or Gas (number of units)                                                 |                        | • • • • • • • •                         |                                         |                   |      |
| Electric (number of rooms)                                                                       |                        |                                         |                                         |                   |      |
| OMMERCIAL OR INDUSTRIAL HEATING                                                                  | J:                     |                                         |                                         |                   |      |
| Oil or Gas (by a main boiler)                                                                    |                        |                                         |                                         |                   |      |
| Oil or Gas (by a main boiler) Oil or Gas (by separate units) Electric Under 20 kws Ove           |                        | · • • • • • • • • • • • • • • • • • • • |                                         | ••••••            |      |
| Electric Under 20 kws Over                                                                       | er 20 KWs              |                                         |                                         |                   |      |
| APPLIANCES: (number of)                                                                          | Water He               |                                         |                                         |                   |      |
| Ranges                                                                                           | Disposals              |                                         |                                         |                   |      |
| Cook Tops                                                                                        | Dishwash               |                                         |                                         |                   |      |
| Wall Ovens                                                                                       | Compacto               |                                         |                                         |                   |      |
| Dryers                                                                                           | 0.1 (d                 | latara                                  |                                         |                   |      |
| Fans TOTAL                                                                                       |                        |                                         |                                         |                   |      |
| TOTAL                                                                                            |                        |                                         |                                         |                   |      |
| MISCELLANEOUS: (number of)  Branch Panels                                                        |                        |                                         |                                         |                   |      |
| Branch Panels Transformers                                                                       |                        |                                         |                                         |                   |      |
|                                                                                                  |                        |                                         |                                         |                   |      |
| Separate Units (w                                                                                | indows)                |                                         | • • • • • • • • • • • • • • • • • • • • |                   |      |
|                                                                                                  |                        |                                         |                                         |                   |      |
|                                                                                                  |                        |                                         |                                         |                   |      |
| Over 20 sq. ft. Swimming Pools Above Ground                                                      |                        | <b></b> .                               | • • • • • • • • •                       |                   |      |
| In Ground                                                                                        |                        |                                         |                                         |                   |      |
|                                                                                                  |                        |                                         |                                         |                   |      |
| Fire/Burglar Alarms Residential Commercial                                                       |                        | ٠٠٠٠٠٠٠                                 |                                         |                   |      |
| * Commercial<br>Heavy Duty Outlets, 220 Volt (such                                               | ac malderel 30 3000    | · HIIU UIIU                             |                                         |                   |      |
| •                                                                                                | over 30                | amps                                    |                                         |                   |      |
| Circus, Fairs, etc.                                                                              |                        | • • • • • • • • •                       |                                         |                   |      |
| Circus, Fairs, etc Alterations to wires                                                          |                        |                                         |                                         |                   |      |
| Alterations to wires  Repairs after fire                                                         |                        | • • • • • • • • •                       |                                         |                   |      |
| Repairs after fire Emergency Lights, battery                                                     |                        | •••                                     |                                         |                   |      |
| Emergency Generators                                                                             |                        | TOTALL A                                | TION FEE                                | : DUE:            |      |
| FOR ADDITIONAL WORK NOT ON ORIG                                                                  | TIMAT DEDMIT           | TOO                                     | BLE FEE                                 | DUE:              |      |
| FOR ADDITIONAL WORK NOT ON ORIC                                                                  | inal Permi             | 200                                     |                                         |                   | ·    |
| FOR REMOVAL OF A "STOP ORDER" (3                                                                 | 30 <del>1</del> -10.D) | COTAL                                   | AMOUN'                                  | r due:            | 5.   |
|                                                                                                  |                        |                                         |                                         |                   |      |
|                                                                                                  |                        |                                         |                                         |                   |      |
| INSPECTION:  Will be ready on ready                                                              | 10 or Will da          | 11                                      |                                         |                   |      |
| Will be ready on                                                                                 | _ , ,                  |                                         |                                         |                   |      |
| Will be ready on  CONTRACTOR'S NAME  ADDRESS:  P. O. 1                                           | SICCUTIC               | and 04                                  | 104                                     |                   |      |
| ADDRESS: P.O. I                                                                                  | BOX 3233 POEE          |                                         |                                         |                   |      |
| IELA:                                                                                            | SICNA                  | TIBE OF                                 | CONTRA                                  | CTOR:             |      |
| MASTER LICENSE NO.:04176<br>I.IMITED LICENSE NO.:                                                |                        | C:                                      | T. Kin                                  | <u> </u>          |      |
| LIMITED LICENSE NO.:                                                                             |                        |                                         |                                         |                   |      |
|                                                                                                  | INSPECTOR'S COPY !     |                                         |                                         |                   |      |
|                                                                                                  | · ·                    |                                         |                                         |                   |      |
|                                                                                                  | OFFICE COPY CAN        | ADV                                     |                                         |                   |      |

CONTRACTOR . COPY - GREEN

| CONPLIANCE   |                               | - <i>t</i> | 7-24-<br>7-24-<br>7-24-<br>7-24-<br>Noth | NSINILATIONS |  |
|--------------|-------------------------------|------------|------------------------------------------|--------------|--|
| DATE 7-24-80 | - · · / · · · · · · · · · · · |            | e gent                                   | NS-          |  |
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| Cate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ast<br>Sotal | a.a. oorsgroop per      | MIT NUMBER              | 449               |
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| la de la companya de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Our.         |                         | lv Procti               |                   |
| Portland Plumbing Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u> </u>     | Same - Falls            |                         |                   |
| E EFNOIL R GOODWIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.5 %        | Pv Rouben & Co.         | - <del>∵a∷}i∪xe</del> h |                   |
| Ampu-First Insn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A            | 258 Brackett str        | == <del>=======</del>   | +                 |
| MAYFIIS9 Insp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1            | LAVATORIES MAR 3 0 1976 |                         | 1 <del>5 8.</del> |
| ERNOLD R. GOODWIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | . TOLLES                | 1                       | 2.                |
| By CHIEF PLUMBING INSPECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | EATH TUPS               |                         | +                 |
| App. Final Insp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | SHO MERS                | ,                       |                   |
| Date MAY 2º 1976                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                         | 7.102                   |                   |
| MINI E 1910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | TANALESS WATER HEALERS  |                         | · -               |
| EFTUIN P. GOODWIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | GAFSA SE DISFOSALS      |                         | <u> </u>          |
| Type of Bldg.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | SEFTIC TANKS            | <del></del> -           | i                 |
| Commercial :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | HOUSE SEWERS            |                         | +                 |
| ☐ hes.dentral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | PUOF L'ALE'S            | <del></del>             | <del></del>       |
| Sin il→     Sin il→ |              | ALICMATIC WASHERS       |                         | †                 |
| Mu't. Famny                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | FISH: ISHES             | <del></del>             | 1                 |
| ☐ New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | OTHER                   |                         | <del>1</del>      |
| Remodeling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Dontal Chair            | 11                      | 2.                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | Paso Poo                |                         | 3.                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | į                       | TOTAL                   | 517.              |

# APPLICATION FOR PERMIT ISSUED B.O.C.A. USE GROUP B.O.C.A. USE GROUP MAY 25 1916

| B.O.C.A. | TYPE | OF | CONSTRUCTION |  |
|----------|------|----|--------------|--|
|          |      |    |              |  |

| BOCAL T                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ND, MAINE, May 24, 2976                                                                                                                                                                                                                                                                                 | CITY of PORTLAND                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| The undersigned hereby a tire, equipment or change use Zon. 19 Ordinance of the City                                                                                                                                                                                                                                                                         | in accordance with the Laws of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CES, PORTLAND, MAINE repair, demolish, move or install the fo<br>the State of Moine, the Poolland B.O.S<br>fications, if any, submitted herewith and                                                                                                                                                    | A. Bui:ding Code and                             |
| 1. Owner's name and addre 2. Lessec's name and addre 3. Constactor's name and addre 4. Architect  Proposed use of building  Last use  Material  No. st Other buildings on same lot Estimated contractural cost \$ FIELD INSPECTOR—Mr.  This application is for: Dwelling  Garage  Masonry Bldg.  Metal B'dg.  Alterations  Demolitions  t hange of Use Other | ess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mTo install air condit                                                                                                                                                                                                                                                                                  | elephone 7.74-4564  No. of sheets                |
| cui una meenameuis.                                                                                                                                                                                                                                                                                                                                          | PERMIT IS TO BE ISSUED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                         |                                                  |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Other:                                                                                                                                                                                                                                                                                                  | •                                                |
| Is connection to be made to Has septic tank notice been Height average grade to top Size, front                                                                                                                                                                                                                                                              | this work?  public sewer?  sent?  of plate Hoh No. stories  Thickness,  Rise per foot  Dressed or full size?  Columns under girders  arrying partitions) 2x4-16" O. Clast floor  1st floor  1st floor  2r  1st floor | Is any electrical work involved in this  If not, what is proposed for sewage?  Form notice sent?  eight average grade to highest point of solid or filled land?  top bottom cellar  koof covering Kind of heat  Corner posts  Size Max. 6  Bricging in every floor and flat roof ad 3rd  ad 3rd  GARAGE | roof                                             |
| No. cars now accommodate                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | mcdated number commercial cars                                                                                                                                                                                                                                                                          | to be accommodated                               |
| Will automobile repairing                                                                                                                                                                                                                                                                                                                                    | be done other than minor repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s to cars habitually stored in the propo                                                                                                                                                                                                                                                                | sed building?                                    |
| APPROVALS BY:                                                                                                                                                                                                                                                                                                                                                | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MISCELLANE                                                                                                                                                                                                                                                                                              | cous                                             |
| BUILDING INSPECTION ZONING: BUILDING CODE: .O. Fire Dept.: Health Dept.:                                                                                                                                                                                                                                                                                     | Signature of Applicant  Type Name of above Sal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Will work require disturbing of any Will there be in charge of the above to see that the State and City requi are observed? Y. S.                                                                                                                                                                       | tree on a public street? work a person competent |
|                                                                                                                                                                                                                                                                                                                                                              | Type Name of above Şal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | m. AurrkoffV                                                                                                                                                                                                                                                                                            | 1 2 2 3 3 4 2                                    |
| FIELD INSPECTOR'S COPY                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                         |                                                  |

NOTES 5-26-76 (m., G.A.

A

March 19, 1976

P.P. & C.H. Murray Box 2297 South Portland, Maine

Dear Sir:

A building permit is herewith being issued for 272-274 Congress Street to form 3 rooms from one large room as per plan, subject to the following building code requirements.

Section 505.1 Artificial light and ventilation, table 9-A which states: "Bath and toilet rocus must have 6 complete air changes per hour or 2 cubic feet per minute per square foot of room floor area."

May I also bring to your attention, that a permit must be taken out for the air conditioning unit shown on the plans.

Very truly yours,

P. Samuel Haffses Plan Examiner

PSH:k

图图 深刻

FIELD INSPECTOP'S COPY

|                                                                           | DOLLAR COO                          | OF CONTROL                              | mmoN.                              |                                          |                                                  | MAR 22 1976                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |
|---------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| zoning L                                                                  |                                     |                                         | PORTLAND                           | MAINE.                                   | March. 18, 197                                   | day of honory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                 |
|                                                                           |                                     |                                         |                                    |                                          |                                                  | TI OF BAKTIVAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | }_                |
| The undersign                                                             | ed hereby applu                     | neeredance with th                      | rrest, alter, re<br>se Laws of the | rpair, demolis:<br>e State of Ma         | n, most or install the<br>ime the Portland B.O   | follo wing building, struc-<br>C.A. Building Code and<br>the following specifica-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                 |
| IORS:<br>OCATION                                                          | 272-274                             | ongress.St                              | •                                  |                                          | Fire                                             | District #1 [], #2 [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | )                 |
| Owner's name tessee's name Contractor's n Architect  Output  Description: | and address and address and address | Maine Hed.<br>Pamily Prec<br>S.F.P. & C | Cfr<br>ctice Un.<br>.H. Murr.      | 22 Bramh<br>it sam<br>ay Bx 22<br>ations | ali St                                           | Felephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |
|                                                                           |                                     |                                         |                                    |                                          |                                                  | No. lanimes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                 |
| Material                                                                  | No. storie                          | Heat                                    |                                    | Style of roof                            |                                                  | oofing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |
| Other buildings of<br>Estimated contract                                  |                                     |                                         |                                    |                                          |                                                  | Fee \$100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |
| FIFE IN HISPECT                                                           | OR—Nir. Hu                          | gh                                      | G                                  | ENERAL D                                 | ESCRIPTION                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
| This application in Dwelling                                              | is for:                             | @ 775-5451<br>Ext. 234                  | l                                  | TO FORM                                  | 2 TOOMS TIOM                                     | one large rocm<br>tions as per p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lans              |
| Garage                                                                    |                                     |                                         |                                    |                                          |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
| Metal Bldg                                                                |                                     |                                         |                                    | 1                                        | PERMIT                                           | of Special Conditions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |
| Alterations                                                               |                                     |                                         |                                    |                                          |                                                  | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |
| Denolitions                                                               |                                     |                                         |                                    | L                                        | Velili                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |
| Change of Use .                                                           |                                     |                                         |                                    |                                          |                                                  | Total Control of the |                   |
| NOTE TO APP                                                               | PLICANT Sep                         | arate permits are i                     | required by th                     | he installers a                          | nd subcontractors of                             | heating, plumbing, elect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ri-               |
| cal and mechanic                                                          | culs.                               |                                         |                                    |                                          |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
|                                                                           | 1                                   | PERMIT IS TO B                          |                                    |                                          | <u> </u>                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
|                                                                           |                                     | DI                                      | ETAILS OF                          | NEW WOR                                  | K                                                | : <b>1.0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |
| Is any plumbing                                                           | involved in this                    | work? yes                               | l                                  | Is any electric                          | al work myolyed in the<br>proposed for sewage    | is work? <b>tes</b><br>?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |
| Has septic tank                                                           | notice been der                     | ıt?<br>olate                            | Hei                                | Form notice<br>ght average g             | sent?                                            | of roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |
| Size front                                                                | depth .                             | No. sto                                 | ories                              | solid or tilled                          | land!                                            | earth or rock?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                 |
| Kind of roof                                                              |                                     | Rise per foot                           |                                    | Roof covering                            | g                                                | fuel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |
| Franing Lumb                                                              | er—Kind                             | Dressed or                              | r full size?                       |                                          | Corner posts                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
| Size Girder                                                               |                                     | Columns under gir                       | ders                               | Bridging in                              | every floor and flat ro                          | of span over 8 feet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | • • •             |
| Joists and                                                                |                                     | 1st floor                               | , 2nd                              | l                                        | , 3rd                                            | , roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |
| On center  Maximum  If one story by                                       | span:                               | 1st floor                               | 2hd                                | i                                        | , 3rd                                            | , rocf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |
|                                                                           |                                     |                                         | IF A G                             | GARAGE                                   |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
| No. cars now a                                                            | accommodated of                     | on same lot,<br>done other than n       | to be accomn<br>ninor repairs      | nodated i<br>to cars habitu              | number commercial can<br>ally stored in the prop | ers to be accommendated posed building?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |
| APPROVALS                                                                 |                                     |                                         | DATE                               |                                          | MISCELLA!                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
|                                                                           |                                     | PLAN EXAMIN                             |                                    | Will work re                             | equire disturbing of an                          | ly tree on a pubil: dreet?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · • •             |
| BUILDING C                                                                | CODE: Ville                         | S Hoffm                                 | 3:18-16                            | Will there b                             | e in charge of the abo                           | we work a person compe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lent <sub>e</sub> |
| Health Dept.:                                                             |                                     |                                         |                                    | are observed                             |                                                  | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |
|                                                                           |                                     |                                         |                                    |                                          | -                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |
|                                                                           | 2                                   | Signature of Apple                      | cant                               | ymer. L                                  | muccy/                                           | Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | • • •             |
|                                                                           | •                                   | Type Name of abo                        | оvе Жау                            | ne Murra                                 | Y                                                | 1 🗇 2 🗀 3 🗇 🤈                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 🔲               |
| FIELD INSPEC                                                              |                                     |                                         |                                    |                                          | Other                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |

notes سمع س t ٠;٠



#### DEPARTMENT OF BUILDING INSPECTIONS SERVICES **ELECTRICAL INSTALLATIONS**

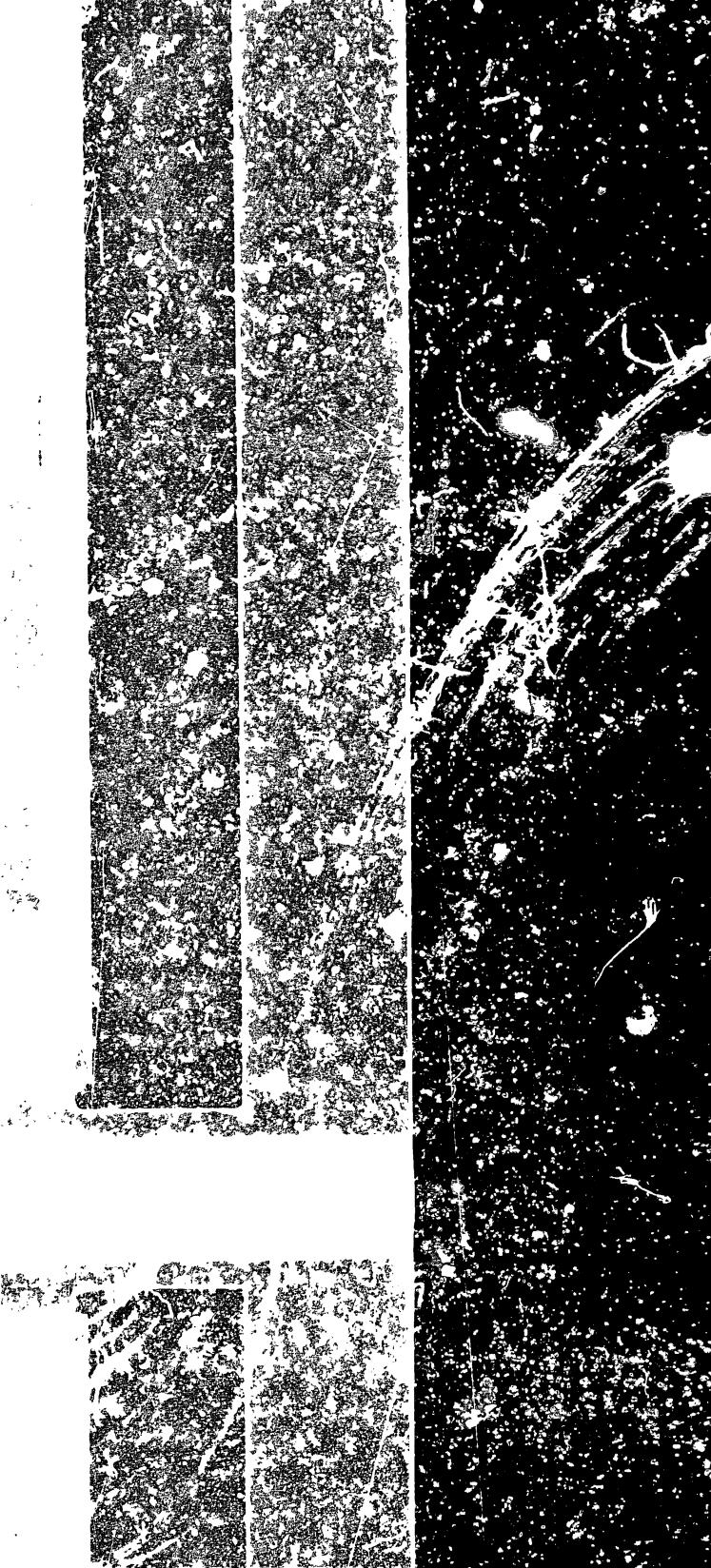
Date March 25, 1976 . 19
Receipt and Permit number A 12084.

| the Portland Electrical O  | XXI Congr                     | ess St.                               | 272                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------|-------------------------------|---------------------------------------|-----------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNER'S NAME: ME           | aine ded. Ct                  | r                                     | ADDRESS:                                | Mark 10 Market and the country of the contraction of the |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| OUTLETS: (number of)       |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Lights                     | the country of the country of |                                       |                                         |                                                          | rappo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Receptacles<br>Switches    | 13                            |                                       |                                         |                                                          | FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Plugmoid                   | (number                       | of feet)                              |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                            | _15                           |                                       |                                         |                                                          | 3.00.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FIXTURES: (number of       |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Incandescent               | 10 - 2 2 4 1 marries 1000     |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Fluorescent                | (Do net                       | include strip fle                     | iorescent)                              |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                            |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                            | ent, in fect                  |                                       | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • •                  | a process special part age should be designed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SERVICES:                  | . 400                         |                                       |                                         |                                                          | c 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                            |                               |                                       |                                         | • • • • • • • • • • • • • • • • • • • •                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Temporary                  |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| METERS: (rumber of)        |                               |                                       | ••••••                                  | • • • • • • • • • • • • • • • • • • • •                  | <b>.5Ω</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| MOTORS: (number of)        |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Fractional                 | 2                             | · · · · · · · · · · · · · · · · · · · | •• ••••                                 |                                                          | 3 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1 HP or over               |                               | • • • • • • • • • • • • •             | ••••••                                  |                                                          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| RESIDENTIAL HEATI          |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                            |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                            | -                             |                                       | •••••••                                 | •• •••••••                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| COMMERCIAL OR IN           |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                            |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                            |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| APPLIANCES: (number        |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Ranges                     | . 0. )                        |                                       | Water Heaters                           | 1                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cook Tops                  |                               |                                       | Disposals                               |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Wail Ovens                 |                               | -                                     | Dishwashers                             |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Dryers                     |                               |                                       | Compactors                              | -                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Fans                       |                               | -                                     | Others (denote)                         |                                                          | / 1 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TOTAL                      |                               |                                       | • · · · · · · · · · · · · · · · · · · · |                                                          | /_1.30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| MISCELLANEOUS: (no         |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Branch Panels Transformers |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Air Conditione             | rs 3                          |                                       |                                         | · · · · · · · · · · · · · · · · · · ·                    | 5 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Signs                      |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Fire/Burglar A             | larms                         |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Circus, Fairs,             |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Alterations to             |                               |                                       |                                         |                                                          | ally del . Lab allered as all the completely with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Emergency Ge               |                               |                                       |                                         | · · · · · · · · · · · · · · · · · · ·                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Lineigency Oc              |                               |                                       |                                         | ION FEE DUE:                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FOR ADDITIONAL W           | ORK NOT ON OF                 | RIGINAL PER                           | MIT DOU                                 | BLE FEE DUE:                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FOR REMOVAL OF A           |                               |                                       |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| CONTRACTOR'S NAW           | F: Walsh                      | Elec.                                 |                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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(COPY)

CITY OF PORTLAND, MAINE Department of Building Inspection

## Certificate of Occupancy

LOCATION

272-274 Congress Street

cal Center

Date of Issue November 19, 1974

g that the building, premises, or part thereof, at the above location, built—altered Building Permit No. 74/616, has had final inspection, has been found to conform of Zoning Ordinance and Building Code of the City, and is hereby approved for or otherwise, as indicated below.

ILDING OR PREMISES

floor

Kedical Clinic

Inspector of Buildings : This certificate identific lawful use of building or premises, and ought to be transferred from comper when properly changes hands. Copy will be furnished to owner or lesses for one dollar.

|--|

006 FEMIL ISSUED

| B.O.C.A. USE GROUP            |               | ) |
|-------------------------------|---------------|---|
| B.O.C.A. TYPE OF CONSTRUCTION | June 25, 1974 |   |

JUL 2 1974

ZONING LOCATION B- PORTLAND, MAINE, June 25, 1974

| ZONING LOCATION 6-6                    |                              | OFF of PRETEASE            |
|----------------------------------------|------------------------------|----------------------------|
| To the DIRECTOR OF BUILDING & INSPECTI | ON SERVICES, PORTLAND, MAINE | following Luilding, struc- |

| The undersigned |                | repair, demolish, move or install the following but the State of Maine, the Portland B.O.C.A. Build ifications, if any, submitted herewith and the follow |  |
|-----------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| tions:          | , me only of a | Fire District #                                                                                                                                           |  |

| Zoning Ordinance of the City of Portland                                    | with plans and specifications, of any,                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ions:<br>-OCATION 272-274 Congress S                                        | Fire District #1 [], #2 [                                                                                                                                                                                                                |
| <ol> <li>Lessee's name and adddress</li></ol>                               | . & C.H. Mirray - Box 2297 S. Portland Telephone 799-8130                                                                                                                                                                                |
| Proposed use of building . Examining                                        | No. families                                                                                                                                                                                                                             |
| Last use                                                                    | . Heat Style of roof Roofing                                                                                                                                                                                                             |
| Other buildings on same lot                                                 | Fee \$.136                                                                                                                                                                                                                               |
| Estimated contracting CARTW                                                 | GENERAL DESCRIPTION                                                                                                                                                                                                                      |
| This application is for:  Dwelling                                          | Ext. 234 Fo make interior alterations as per plans  Sent to Five Done.  Sent to Five Done.  Stamp of Special Conditions  Servi from Fire Oxes.  Permits are required by the installers and subcontractors of heating, plumbing, electri- |
| . PERM                                                                      | T IS TO BE ISSUED TO 1 2 3 A 4 O                                                                                                                                                                                                         |
|                                                                             |                                                                                                                                                                                                                                          |
| Is connection to be made to public set<br>Has septic tank notice been sent? | DETAILS OF NEW WORK  Is any electrical work involved in this work?  If not, what is proposed for sewage?  Form notice sent?  Height average grade to highest point of roof  No. stories solid or filled land? earth or rock?             |

#### Material of foundation ...... Thickness, top ..... bottom ..... cellar ...... No. of chimneys ...... Material of chimneys ..... ot lining ...... Kind of heat ...... fuel ...... Framing Lumber—Kind ...... Dressed or full size? ..... Corner posts ...... Sills ...... Size Girder ...... Columns under girders ...... Size ...... Max. on centers ...... Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet. 1st floor ....., 2nd ....., 3rd ....., roof ..... 1st floor ....., 2nd ....., 3rd ....., roof ..... Joists and rafters: On centers:

#### IF A GARAGE No. cars now accommodated on same lot ..., to be accommodated ... number commercial cars to be accommodated ... Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? ....

MISCELLANEOUS DATE APPROVALS BY: Will work require disturbing of any tree on a public treet? . . BUILDING INSPECTION—PLAN EXAMINER ..... Milelie Te to see that the State and City requirements pertaining thereto Fire Dept. Capt.

are observed? . yes.... F.P. C.H. Murray PORTLAND FIRE DEPLOTURE of Applicant Come e. Municipe. Phone #.... .....1 🗆 2 🗀 3 🗆 4 🗆 pe Name of above .....

Other ..... and Address .....

FIRE DEPARTMENT



JOSEPH R. CREMO

## FIRE PREVENTION BUREAU 380 CONGRESS STREET PORTLAND, MAINE

1 July 1974

To:

Office of Building Inspection

Herbert P. Hiller, Captain, Fire Prevention Bureau From:

Building Permit - 272-274 Congress Street (interior alterations per plan) Subj:

This permit approved, subject to the following conditions:

1. Illuminated exit signs on all exits or paths of travel to reach same.

2. Emergency lighting throughout building.

3. Approved portable extinguishers to be provided as deemed necessary by the Fire Department.

4. All exit doors to swing out with panic hardware.

5. Stairs leading to 2nd floor to be enclosed with one hour fire rated material.

6. Boiler room to be enclosed with a one hour fire rated material with a one hour fire rated door with automatic self-closer.

7. Automatic alarm system to be installed covering the entire basement, sub cellar, if any, all corriders, hallways, stairwells, storage areas and hazardous areas with heat and or smoke detectors, master panel is to have a test button for monthly inspection. This is to include the 2nd and 3rd floors.

Fire Prevention Bureau

#### 1 July 1974

Office of Building Inspection Herbert P. Miller, Captain, Fire Prevention Bareau To:

From: Building Permit - 272-274 Congress Street (interior alterations per plan)

Subj: This permit approved, subject to the following conditions:

1. Illuminated exit signs on all exits or paths of travel to reach same.

Emergency lighting throughout building.
Approved portable extinguishers to be provided as deemed necessary by the Fire

4. All exit doors to swing out with panic hardware.

5. Stairs leading to 2nd floor to be enclosed with one hour fire rated material.

6. Boiler room to be enclosed with a one hour fire rated material with a one hour

7. Automatic alarm system to be installed covering the entire basement, sub cellar, if any, all corridors, hallways, stairwells, storage areas and hazardous areas with best sud or smoke detectors, master panel is to have a test button for mentally inspection. This is to include the 2nd and 3rd floors.

Herbert P. Mille", Captain Fire Prevention Bureau



PERMIT ISSUED WITH LETTER

272-274 Congress Street

July 2, 1974

F. P. & C. H. Murray Box 2297 South Portland

cc to: Maine Medical Center 22 Bramhall Street

#### Centlemen:

Building permit to make alterations in the building at the above location is being issued subject to the following conditions:

1. Illuminated exit signs on all exits or paths to travel to reach same.

2. Emergency lighting throughout the building.

3. Approved portable extinguishers to be provided as deemed

necessary.

4. All exit doors to swing out with panic hardware.
5. Stairs leading to second floor to be enclosed with one hour fire rated material.

i. Boiler room to be enclosed with end hour fire rated material with a one hour tire seed door with automatic outf-closer.

7. Automatic alarm system to be installed covering the entire basement, sub cellar, if any, all corridors, hallways, stairwells, storage areas and hazardous areas with heat and or smoke detectors, master panel is to have a test button for monthly inspection. This is to include the second and third floors.

The above is required by the Fire Department. If you have any questions on the above contact Herbert P. Miller, Captain, Fire Prevention Bureau. If you have any question on the exit lights for their location, check with the Building Inspection Department.

The boiler room will require ventilation. Check with this department on the amount required.

An inspection of this building reveals that: there are one or two wooden posts located in the basement area that has a small amount of rot at their base. These wooden posts may be replaced, but must set upon a cament footing at least 4 inches above the grade of the cellar floor. If you desire however, to use something like a lally column, this would also be acceptable.

July 2, 1974

F. P. Murray

The underpinning for the foundation located near the front corner along India Street has a number of bricks that have broken looss. This part of the wall will need to be made solid and the bearing of approximately five or six floor joists that rest on this wall need to be checked and while sure that they have bearing and all ends of the floor joists area are solid, not resting on any rot.

Page 2

This permit is being issued based on the plans filed and especially on the parking located off India Streat. This parking is for this office use only. If the owner of the building has plans to lease any parking spaces to anyone else, then let this department know, as we would be unable to allow you to proceed to make alterations within this building.

Very truly yours.

A. Allan Soulo Asst. Director Building & Inspection Services

AAS:m

PERMIT ISSUED WITH LETTER



PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION

PORTLAND, MAINE, Oct, 23, 1974

CITY of PURILAND

| ture, equipment or change use in accordance    | PECTION SERVICES, PORTLAND, MAINE mit to erect, alter, repair, demolish, move or install the following building, struc-with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and ith plans and specifications, if any, submitted herewith and the following specifica-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| tions:                                         | 71 - Director - #1 ED - #2 ED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| LOCATION 2/2 -2/4 Congress St.                 | Fig. District #1 [], #2 []                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1. Owner's name and address . KEALLY.          | Me. Medical Center, 22 Bramhall Stdephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2. Lessee's name and adddress                  | no's Electric, 68 Taft ave. Telephone 774-3129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. Contractor's name and address               | Specifications Plans No. of sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Proposed use of huilding                       | No. families                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| I act use                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Material No. stories H                         | Heat Style of roof Roofing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Other buildings on same lot                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Estimated contractural cost \$                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                | twright GENERAL DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                | [5-545] To install automatic fire alarm system (Simplex)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                | . 234 covering hallways, basements etc. Gongs of such                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Garage                                         | strength as to ring loud and clear. System to be chedked                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Masonry Bldg                                   | at least once a year; installed in steel or weal seasoned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Metal Bldg                                     | wood cabinet in dry clean place, got less than 6" above floo and where temp. will not go below 40 deg. nor above 100 deg.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Alterations                                    | Installer will fasten to control box full instructions for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Demolitions                                    | operating and servicing system. 4" gongs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Change of Use                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other                                          | and the second s |
| NOTE TO APPLICANT: Separate permi              | ts are required by the installers and subcontractors of heating, plumbing, electri-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| cal and mechanicals.                           | TO BE ISSUED TO 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10/24/7 ERMIT IS                               | Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Rac'd from hire Uspil 0 28/7                   | Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Rac'd from Fire Ospit-                         | DETAILS OF NEW WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| is any plumbing involved in this work?         | Is any electrical work involved in this work?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| · Is connection to be made to public sewer?    | If not, what is proposed for sewage?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Has septic tank notice been sent?              | Ferm notice sent?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Height average grade to top of plate           | Height average grade to highest point of roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Size, front depth                              | No. stories solid or filled land? earth or rock?  Thickness, top bottom cellar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Material of foundation                         | r foot Roof covering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Kind of coot Rise per                          | f chimneys of lining Kind of heat fuel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Francisca Lumber Wind Dre                      | essed or full size? Corner posts Sills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Size Girder Columns un                         | der girders Size Max. on centers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Stude Coutside walls and carrying partition    | ons) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Joists and rafters: 1st floor                  | , 2nd, 3rd, roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| On centers: 1st floor                          | , 2nd, 3rd, roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Maximum span: 1st floor                        | , roof, roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| If one story building with masonry walls,      | thickness of walls? height?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ,                                              | IF A GARAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| No, cars now accommodated on same lot          | , to be accommodated number commercial cars to be accommodated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Will automobile repairing be done other        | than minor repairs to cars habitually stored in the proposed building?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| APPROVALS BY:                                  | DATE 10-24-74 MISCELLAMEOUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| BUILDING INSPECTION—PLAN EX.                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ZOMINIO.                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BUILDING CODE: O.K.                            | Will there be in charge of the above work a person competent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| BUILDING CODE: O.K. M. Fi e Dept. M. Miller F. | to see that the State and City requirements pertaining thereto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Flaglth Dont .                                 | are observed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Others:                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cinuatura of                                   | Applicant (Idulph ) Maine Phone # 7743129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature of                                   | Adolph Marino                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Type Name                                      | Applicant Column Marino 1 2 3 4 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FIELD INSPECTOR'S COPY                         | and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

NOTES 11-18 74 Done

# CITY OF PORTLAND, MAINE for Permit to Install Wires

| pplication | for | Permit | to  | Insi  | CIII | /  | 440         |
|------------|-----|--------|-----|-------|------|----|-------------|
| pplication | •   |        |     |       |      | No | 440<br>5-74 |
|            |     |        | 4 3 | Maine | June |    | •••         |

| Application 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | numit No.                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Libb-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Permit No. 75-74 Issued 19.22                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Issued 19.22                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | June 2                                                      |
| Portland, Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | aine                                                        |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | es conducting elec-                                         |
| , Maine:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tur the purpose of City of Portland,                        |
| To the City Electrician, Portland, Maine:  To the City Electrician, Portland, Maine:  Institute of the laws of Maine, the Electrician of the Elect | and Ordinance of the City                                   |
| To the City Electronia hereby applies for a permitted the Electronia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Icar O                                                      |
| To the City Electrician, Portland, Maine:  The undersigned hereby applies for a permit to install with the laws of Maine, the Electronic contents in accordance with the laws of Maine, the Electronic contents are supplied to the contents of the contents o | Fee, \$1.00)                                                |
| To the City Electrician, Portland, Maine:  The undersigned hereby applies for a permit to install with the undersigned hereby applies for a permit to install with the current, in accordance with the laws of Maine, the Electronic current, in accordance with the laws of Maine, the Electronic and the following specifications:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _ Minimum                                                   |
| and the following specification and the completely lines 222-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 274 CENT - 274 3125                                         |
| The undersigned hereby applies of Maine, the Eton tric current, in accordance with the laws of Maine, the tric current, in accordance with the laws of Maine, the tric current, in accordance with the laws of Maine, the Eton tric current and the following specifications:  (This form must be completely filled out the following specifications:  Owner's Name and Address Macanian Use of Builton and Address Maranian Use of Builton and Address Maranian Use of Builton and Address Store                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | it talt the Tel                                             |
| and Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |
| Owner's Name and Address MARM. The of Buil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ding of Stories                                             |
| Contractor's Name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Number -                                                    |
| A perments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Alterations                                                 |
| Owner's Name and Address Magazine Use of Buil Location Apartments Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |
| Description of Wifing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e Plug Moiding Circuits                                     |
| BX Cabi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Plug Citation                                               |
| Cable Metal Words Light Ci                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | serin Lighting (No. leet) 3/3                               |
| Number of Families Apartment Addition  Number of Families Apartment Addition  Description of Wiring: New Work BX Cable  Pipe Cable Metal Molding Light Ci  Pipe Plugs Plugs F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fluor, or Strip - Wires Size                                |
| Number of Wiring: New Work  Description of Wiring: New Work  Ripe Cable Metal Molding BX Cable  No. Light Outlets Plugs In Figure 1  No. Light Outlets Vindergroun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d No. of Waters                                             |
| Pipe Cable Metal Molding BX Cable  No. Light Outlets Plugs Undergroun  SERVICE: Pipe Added  METERS: Relocated Phase H. P.  MOTORS: Number Phase No. Mo. M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total No. McCos                                             |
| Added Added                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Volus                                                       |
| METERS: Relocated Added H. P. MOTORS: Number Domestic (Oil) No. M. Commercial (Oil) No. M. Commercial (Oil) No. M. No.  | Amps                                                        |
| METERS: Phase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lotors H.P.                                                 |
| MOTORS: Number Domestic (Oil) No. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | fotors                                                      |
| TEATING UNITS: Dommercial (Oil)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 No.)                                                      |
| Commercial (No. of Rooms)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prand Feeds (Size and 1107)                                 |
| Electric Heat ( Watts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Diane -                                                     |
| MOTORS: IONITS: Domestic (OII)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Panels Panels                                               |
| APPLIANCES: No. 12-10-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Extra Cabineta Units)                                       |
| Elec. Heaters Watts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Signs (No. 19.4///                                          |
| APPLIANCES: No. Ranges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Extra Cabinets or Panels  Signs (No. Units)  19  Inspection |
| Air Condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in                                                          |
| Transformers 19 Ready                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 ) Marine                                                  |
| Will commence 5,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | simed                                                       |
| amount of Fee \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Signed                                                      |
| Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BELOW THIS LINE                                             |
| DO NOT WRITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GROUND                                                      |
| CCTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Extra Cabinets or Panels  Signs (No. Units)  19             |
| METEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11                                                          |
| SERVICE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16                                                          |
| VISITS: 1 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11/1/19                                                     |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of Alla Della                                               |
| - ANKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INSPECTED BY JOVERN                                         |
| REMARKS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INSPECTED BIO                                               |
| REMARKS: VCC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |
| 7/1/7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |
| CS 383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |
| <del>v-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |

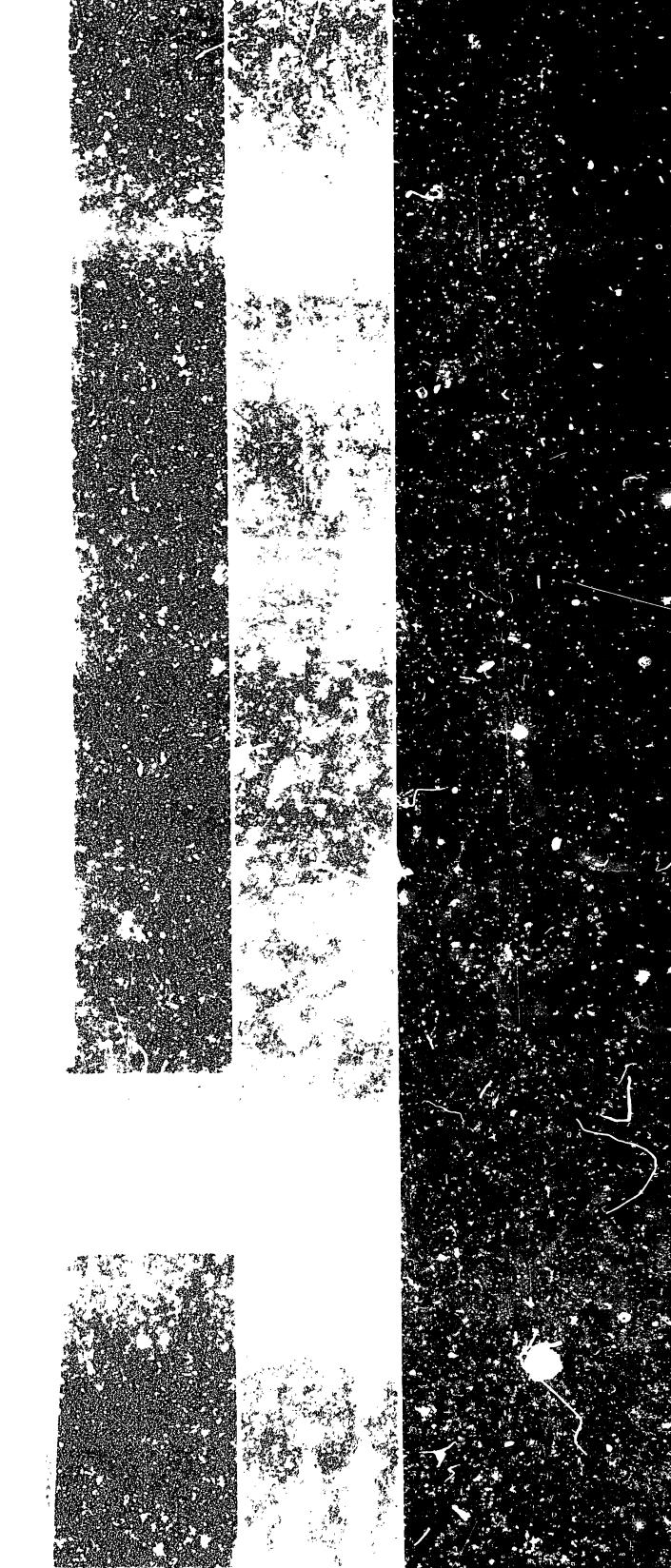
|     | 1387                           | PERMIT TO INSTALL PLUMBING PERMIT NUMBER 222                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
|-----|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|     | ,                              | Address 274 Congress Ste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | į. |
|     |                                | International Control of the Control | i  |
|     | Date<br>Issued 4-14-71         | Owner of Bidg: Jacon Livers St. Owner's Address: 63 bolest St. Date: 4-14-/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •  |
|     | Postland Plumbing Inspector    | Plumber: Northern Temple at-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,  |
|     | By ERNOLD R. GOODWIN           | NEW IGINKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,  |
|     | App, First Irisp./             | LAVATORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | :  |
|     | 11/2///                        | TOILETS BATH TUBS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | į  |
|     | Date WALTER H. WALLACE         | CHOWERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7  |
|     | DY                             | DRAINS FLOOR 2,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
|     | App. Final Insp.               | HOT WATER TANKS TANKLESS WATER HEATERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
|     | DateWALTER H. WALLACE          | GABBAGE DISPOSALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |
|     | By DEFILE PLINBING INSPECTOR   | TANKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
|     | Type of Bldg.                  | HOUSE SEWERS ROOF LEADERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |
|     | ☐ Commercial ☐ Residential     | TAUTOMATIC WASHERD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |
|     | C Single                       | DISHWASHERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |
| ( : | Multi Family                   | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |
| 1   | ☐ New Construction☐ Remodeling | TOTAL 1 2.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |
|     |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |
|     | _                              | ing and Inspection Services Dept.; Plumbing Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |
|     | Build                          | ing and hispotation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |
|     | ws61.                          | ding and Inspection Services Dept.: Plumbing Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |
|     |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |
|     |                                | ding and Inspection Services Dept.; Plumbing Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |
|     | Build                          | ling and Inspection Services Depart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |
|     |                                | PLUMBING INSPECTION TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |

7 W

CHARLES Y

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|                                |                  | none .                                              | <i>i 13</i> 6   | 101           |
|--------------------------------|------------------|-----------------------------------------------------|-----------------|---------------|
|                                | PERMIT T         | TO INSTALL PLUMBING                                 | - PERMIT NUMBER | 661           |
|                                | Address          | 271 Congress Street, Apt                            | 2 PERIOD        |               |
|                                | msidna.          | - 130s name                                         | nutite import   |               |
| Date<br>Issued August 22, 1969 | Owner of         | Address 27 Congress Str<br>Portland Gas Light Compa | oct (Bust tops) | + 22, 19      |
| Portland Plumbing Inspects     | Dlumber          | Portland Gas Light Compa                            | any Date. Augus | FEE           |
| Portland Fidings 22            | THEW RE          | PT.                                                 |                 |               |
| By ERNOLD R GOODWIN            | -/               | SINKS                                               |                 |               |
| App. First Insp.               | /                | VAVATORIES                                          | _/              |               |
|                                |                  | TOKETS                                              | /               |               |
| Date                           |                  | BATH TUBS                                           |                 |               |
| Ву                             | # 1              | SHOWERS FLOOR                                       | SURFACE         |               |
| App. Final Insp.               | \T\              | WATER TANKS                                         |                 | 2.00          |
| Date                           | N = 1            | TANKLESS WATER HE                                   | EATERS          |               |
| -                              | K                | GARBAGE DISPOSAL                                    | S               | + ¥           |
| Ву                             | 10               | SEPTIC TANKS                                        |                 | <del></del> ' |
| Type of Bldg                   | \ \              | HOUSE SEWERS                                        |                 | <del></del>   |
| Commercial \                   |                  | -\                                                  |                 |               |
| Residential V                  | -                | AUTOMATIC WASHE                                     | ERS             |               |
| Single                         |                  | NMSHW ASHERS                                        |                 |               |
| Multi Family                   |                  | OTHER                                               |                 |               |
| New Construction               |                  |                                                     |                 |               |
| Remodeling                     | †                |                                                     | TCTAL           | 2,00          |
|                                |                  |                                                     |                 |               |
|                                | uling and Inspec | ction Services Dept.; Plumbing                      | Inspection      |               |
| Bui                            | iding did mpp-   |                                                     | TOTAL2          | 4.00          |
| •                              | -                |                                                     |                 |               |
|                                | I Turmor         | tion Services Dept.: Plumbing                       | Inspection      | ţ             |
| Buil                           | ding and inspec  | Dilli                                               |                 |               |
|                                |                  | PLUMBING INSP                                       | ECTION 3        |               |
|                                |                  |                                                     | ECTION Total    |               |



|                                  |         |             | P'STAL! PLUMBING                                                        | Job #3  | <b>747</b><br>Number_ | 1877 |    |
|----------------------------------|---------|-------------|-------------------------------------------------------------------------|---------|-----------------------|------|----|
|                                  | Instal  | tage: 10    | Congress Street  Store, "Invold Store Caldersood Feling C               | b.34    |                       |      |    |
| 10/2/68                          | Chwas   | ers Acd     | res 61 Pleasent Street                                                  | Dete    | 10/2/                 | 160  |    |
| and Plumbing Inspector           | Plum    | Der Ke      | leh Elake                                                               | N.      |                       | FEE  |    |
| NOLD R COODWIN                   | NEW     | TREPL       |                                                                         |         | 1                     | 2.00 |    |
|                                  |         |             | SINKS<br>LAYATORIES                                                     |         |                       |      |    |
| App. First                       |         | <del></del> | TOPLETS                                                                 |         |                       |      | •  |
| NOLD R GOODWIN                   |         | +           | BATH TUBS                                                               |         |                       |      |    |
| STEF File Committee Blacks Grand | . ——    |             | SHOWERS TO OR                                                           | SURFACE | ·                     |      | ٠, |
| App. Final Insp.                 |         |             | FAINS FLCOR<br>HOT WATER TANKS                                          |         | 1                     | 2.00 | Į, |
| ERNOTE AN BIGG.                  | <u></u> |             | TANKIESS WATER HEA<br>JAEBAGE DISTOSALS<br>SEPTIC TANKS<br>HOUSE SEWERS | ATERS   |                       |      |    |
| ☐ Commercia!<br>☐ Residentia:    |         |             | PROCE LEADERS AUTOMATIC WASHER                                          | S       |                       |      |    |
| [] Single                        |         |             | DISHWASHERS                                                             |         |                       |      |    |
| Multi Family New Construction    | 1       |             | O'FHER                                                                  |         | <u> </u>              |      |    |
| Remodeling                       | `       | 工二          |                                                                         | TC      | T'AL2                 | 4.00 | -  |

Building and Inspection Services Dept.: Plur bing Inspection

10/2/68 Portland Plumbing Inspector ERNOLD R COODWIN

App. First

PLUMBING INSPECTION TOTAL

| NUMBER 8796             | PERMIT TO INSTALL PLUMINAL          |        |
|-------------------------|-------------------------------------|--------|
| TOUR STATES             | Address: any C                      | •      |
| Spile 2                 | Installation for The P              | -      |
| PORTLAND PLUMBING       | Onner of Lag: 7 7/10                |        |
| By ( P ///. 2.12        | Owner's Address                     |        |
| AFFEOR HEST PURECUCA    | thereon file                        | 500    |
| 0.5-11-60               | SINES                               | NUMBER |
| of Little               | LAVATORIES                          |        |
| AFROLED I NAL A PECTION | TO'LETS  BATH TUBS                  |        |
| 5/11/60                 | SHOWERS                             |        |
| Dore                    | DRAINS                              |        |
| JOSEPH P. WELCH         | HOT WATER TANKS                     | 100    |
| TYPE OF BUILDING        | CARRIES WATER HEATERS               |        |
| COMMERCIAL RED DENI AL  | GARRAGE GRINDERS                    |        |
| 3.04 €                  | HOUSE SEWERS                        |        |
| They construction       | EUOF LEADERS (coan, to house dro'n) | 1      |
| LJ PEMOCELING           |                                     |        |



#### APPLICATION FOR PERMIT FOR HEATING. COOKING OR POWER EQUIPMENT

Portland, Maine, November 2, 1959 ...



To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating to hing is power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 274 Congres. street

Use of Building Stores and apts. No Stores 3

**New** Building

Name and address of owner of appliance - Lacob h. Levinsky, lir partner if et.

Existing

Installer's name and address Lastermoil & Equip. Co., 27 Fortlan. St.

#### General Description of Work

To install oil turning equipment in connection with existing steam heat (conversion) (for grocery store only)

#### IF HEATER, OR POWER BOILER

Location of appliance

Any burnable material in floor surface or beneath?

If so, how protected?

Kind of fuel?

Minimum de tance to burnable material, from top of appliance or casing top of furnace

From top of smoke pipe

From front of appliance

From sides or back of appliance

Size of chimmey flue If gas fired, how vented?

Other connections to same fine

Rated maximum demand per hour

Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

#### IF OIL BURNER

Name and type of burner

to. Carland

Labelled by underwriters' laboratories?

Does oil supply line feed from top or bottom of tank? battom

Will operator be always in attendance? Type of floor beneath burner concrete

1:4 Size of vent pipe

1-275 gal.

469

Location of oil storage basevent

Number and capacity of anks McJonnell Liller

No.

Will all tanks be more than five feet from any flame?

How many tanks enclosed?

Total capacity of any existing storage tanks for furnace burner, none

#### IF COOKING APPLIANCE

Location of appliance

Low water shut off

Any burnable material in floor staface or beneath?

Height of Legs, if any

If so, how protected?

Distance to combustible material from top of appliance?

Skirting at botton of appliance? From from of aupliance

From sides and back

From top of smokepipe

Size of chimner flue

Other connections to same flue

Is bood to be provided? If gas fired, how vented? If so, how vented?

Forced or gravity?

Rated maximum demand per hour MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 2.00

(\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same

building at same time.)

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are

Easternoil & Equip.

TECTION COPY

Signature of Installer . By: , -

PH- 0

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| Care of the care o | Portland, Mais                      | ne, laren all and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Signature of owner Jacol Journaly

INSPECTION COPY

Acco Negliusent

fir. Jacob Lovinsky 278 Crossess Street Port and, Kaine

Subject: Hardware on exit tour free store at 272-274 Congress Street

Dear Sir: this i to inform you that an inspector free this corner sent as locked over the new exit door in the Congress Street front of the steps ex corts that the partieure on this coor complies with the Section 312-e-2 of the Bulliting Occe. The reason requirement that the dock ... . wed to swing over the videnally is because it is to be used for enormers, exit furposes only and accordingly no knot or benelo has knot provided on the outside of the cour. Your timly yours,

Inspector of Bullulinge

CC: Nr. Lyle Butland

Great Atlantic & Facility Tes Commany 9) Kennebec Street

AT 171 4, 1749

Mr. Jacob levinsky 278 Congress (treet Purtland, Jako Subject: Permit for alterations to store front at 272-274 Congress street

Dour Sir:

The points for the above wor is issued herewith based on the revised plan filed Farch 30, loky and subject to the following:

- 1. Vesticate latchests or locks of a similar nature which will a jow out from the store at any time by morely turning the dead know or by presents on the quant terms lever, even though the degree are locked against entrance from the outside, are required and are to be provided on all the doors involved in a means of entrance to or exit from the building. No bolts or other types of locks are allocable on these doors. In case of doubt as to type of herdware required, approval of the locks to be used should be secured before they are installed.
- 2. It is not allowable to swing the new crit door in the Congress Street front and over a step down as shown, except for the thickness of the usual tereshold. Since the door is required to swing out, some without of overwooding this difficulty must be worked out. Only because this door is to be used for exit purposes along is it allowed to swing over the public sidewalk. On this account no knob should be provided on the outside of the
- 3. Exit signs with letters at least six inches high are to be provided over the outswinging door in the new corner entrance, the new exit door in the Chagress Street front and the existing exit door is the India Street wall if that one is not so equipped. Airles at least three feet wide leading to these doors are to be kept free and clear at all times.

Very .ly yours,

Inspector of Buildings

A13/G.

CC: Mr. Lyle Butland 47 Eay Street

> Creat Atlantic & Pocific Tea Company 93 Kennebec Street

or Period

The second of the second of the second

March. -5, 1949

Fr. Jacob Lovinsky 278 Congress Strest Portlac, Maine

Subject: Application for building permit for alterations to story front at 272-275 Congress streat

Pear sir:

Considerable more information than what is shown on the plan films with the applie tion will be meded before we can tel; whether the proposed work will comply with Building Code requirements, thus enabling us to issue the permit for the work. Presurably here is space between the existing Congress and India Street walls of the building and the street lines (the fiside edge of the strewalls) to permit the construction of the brick vencer on the walls of the building without its projecting into the limits of the street. If not, we will not be able to issue a permit for the work. A forndation extending at least four feet below grade is required for support of this veneer and details of its thickness and how it is to be tied to existing foundation must be furnished. Also shown should be details of the stuceo on upper part of store front to indicate whether the stucco is t. bs applied to brick veneer or to motal lath on exiting wooden wells.

Since the size and location of window openings in the new store front are to be changed from those in present wall, it is likely to the some changes in the support of the walls above by way of columns and bears will be menessary. If the vencer is to extend above the show windows, support for it across the openings must be provided. All of these framing catalla must be shown on a lan to whic. Is attached a statement of design signed by the person responsible for the design of any steel that it may be necessary to install.

the shall also need a floor plan of the entire store should particularly the emergency means of ogress from the store in relation to the new entrance. It seems likely that question may arise as to the adequacy of the exit arrangements in view of the fact that the entrance is being moved to the corner of the building and that part of the store front is being filled in with glass block panels.

Very truly yours,

Inspector of Buildings

AJ 3/G

CC: Hr. Lyln Butland 47 Ray Street



#### APPLICATION FOR PERMIT DUCKIESE SOME

Class of Building or Type of Structure. Portland, Maine, Ysbruary 21, 1944 To the INSPECTOR OF BUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to asset after install the following building musture equipment in accordance with the Laus of the State of Maine, the Building Code of the City of Portland, plans and specifications; if eny, submitted herewith Plans filed\_\_\_\_No. of sheets\_\_\_ Proposed use of building Store and tenesents \_\_\_\_\_No. families\_ Other buildings on same lot\_\_\_\_ Estimated cost \$\_50.

Description of Present Building to be Altered

General Description of New Work

Material saod No stories 2 Heat Style of roof

To top out rear chimney from attic floor up

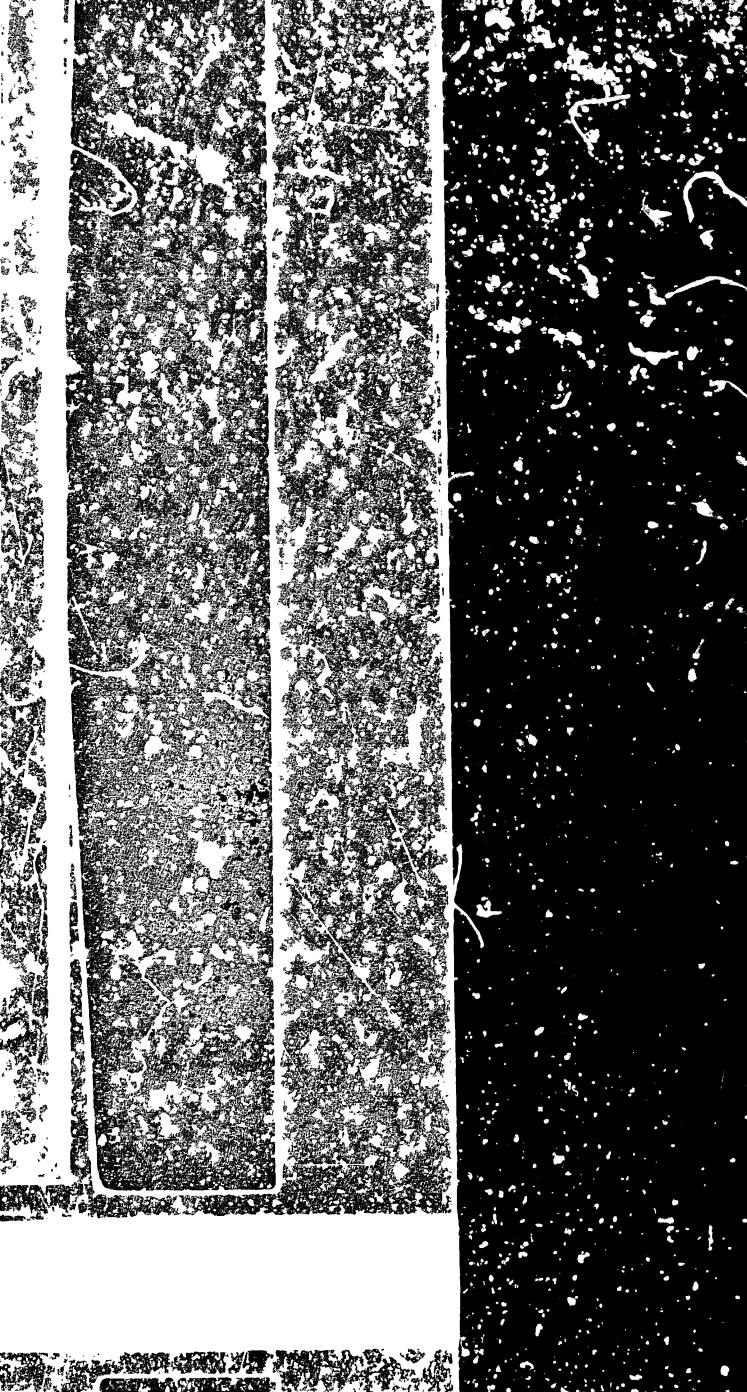
| It is understood that this permi        | t does not include installatio | on of heating apparatus w    | hich is to be taken or | at separately by and in the name of |  |
|-----------------------------------------|--------------------------------|------------------------------|------------------------|-------------------------------------|--|
| •                                       | $\mathbf{D}\epsilon$           | etails of New Wo             | rk <sub>ERTE</sub>     | CATE OF COLLEANCE                   |  |
| Is any plumbing wor' avo                | lved in this work?             | delicensory and communicated |                        | *LOUREMENT IS WANTED                |  |
| Is any electrical work invo             | lved in this work?             | Height a                     | verage grade to top    | of plate                            |  |
| Size, frontde                           | ptiNo. si                      | torieslleight a              | verage grade to hig    | hest point of roof                  |  |
| To be erected on solid or n             | iicd land?                     |                              | earth or rock?         |                                     |  |
|                                         |                                |                              |                        | Г                                   |  |
| Material of underpinning                |                                | lleight                      |                        | Thickness                           |  |
| Kind of roof                            | Rise per foot                  | Roof coveri                  | ing                    |                                     |  |
| No. of chimneys 1                       | Material of chimney            | ys_brick                     |                        | of lininghes no lining              |  |
| Kind of heat                            |                                | Type of fuel                 | Is gas fi              | ting involved?                      |  |
| Framing lumber-Kind                     |                                | Dressed or                   | full size?             |                                     |  |
|                                         |                                |                              |                        | Size                                |  |
| Material columns under gir              | dersarrying partitions) 2x4-   | SizeSize                     | Max. o                 | n centers                           |  |
| Joists and rafters:                     | •                              |                              | 2-4                    | , roof                              |  |
| On centers:                             |                                |                              |                        | roof                                |  |
| Maximum span:                           |                                |                              |                        | , root                              |  |
| -                                       |                                |                              |                        | height?                             |  |
| and the same of the same of the same of |                                | If a Garage                  |                        | neight :                            |  |
| No, cars now accome adated              | on same lot                    |                              | be accommodated        |                                     |  |
|                                         |                                |                              |                        |                                     |  |
|                                         |                                |                              |                        | roposed building?                   |  |
| Will above work require rer             | noval or disturbing of a       |                              | blic street?           |                                     |  |
| Will there be in charge of t            | he above work a person         | competent to see that        | the State and City i   | equircments pertaining thereto      |  |
| are observed? Yes                       |                                |                              |                        |                                     |  |
| INSPECTION COPY                         | Signature of ou                | wner_s MT                    | Zilly                  | [3]                                 |  |

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| Permit No. 44/123                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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**建湖台** 100 单次

Boot. 6176-1 December 9, 1941 Subject: Building persit or alterations in the building of Jacob beginsky at 272 Congress St. Refer now thus, (212-e-5) are to sections and paragraphs of the Building Code The Great Atlantic & Pacific Tes Company 93 Acquabec Street, Portland, Lains Attention Er. E. Tyler inclosed is the building permit covering the above job issued subject to the followings In orisers of the new stoirs are required to be not some than eight and one-half inches, the trends not less than nine inches wide, risers to be measured from tread to tread and treads to be measured from risers to be measured from tread to tread and treads to be measured from riser to river. A railing is required the entire length of the stairs to project not more then three and one-half inches into the regulard three foot width of the stairway, this railing to be in addition to the one which necessarily is around the stair well. (212-e-5) 2. The new double-acting inside door over which I understand the exit light is to be placed should have no locks whatever and should be free to swing out at my time. The outside exit door is to have such a lockest that my person on the inside my loave the building through the door at my time herely by turning the usual knowled without my special mostedge, and there should be no other locks, bolts or any such fastening device on the door. Because the door will wring over the public sidewalk of India Street, it is necessary that it be limited to emergency exit only. All employees of the tenant should be so notified and there should be no knowledge from which on the outside of the door. (\$12-e-2) to no knob or handle of any kind on the outside of the door. (\$12-5-2) vided in the exit corridor and stairs between the double-coting door and the outside door on the same circuit as the exit light and controlled by the same switch. (212-0-4) Yery truly yours, 11.00 5 THCD/H Inspector of Eulldings CC: Jacob Levinsky 278 Congress St.

of more and align of the first to any specific for the first of the first



Post. Siyu-I

.iovembor 17, 1341

. R. Trior, met Atlantic & Pacific Tea Co. Kennebec Street, rilano, Jaine

Subject: Alterations in the & & P market at 271 Jungress St., corner Ingla Street

ar Mr. Tylor:

If I understand your plan of the proposed now avergency exit door related to the laste atreat standard, you propose two state outside of the liding which you occupy on the space reserved for the public sidewalt. o Building wode does not permit he to lacke permits to cover any such concretion on the public way.

It is also by baller that the location of the existing door near the ar of the store offers for better out arrangement than the location shown your swetch. As a matter of fact it is my recollection that this rear door a intended for an energency exit when the store was readeled for your apany, but the provisions of indicating it and providing a passagement directly sore never completed.

I can sympathize with your leading that there is some hazard due to a fact that the threshold of this latter dur is three or four feet above a sidewalk rovel. I agree that that is a bad situation. When we talked over a telephone, however, it was my understanding that you were to use this door their the threshold down to the sidewalk level, but a landing at the same yes? Inside the stars on down as the down to the ride and then there is no that vel inside the store as deep as the deer is wide and then stops up from that val to the store floor level all inside the store. Handralls would be quired on both sides of these steps and they should be at least three feet do. Then r direct possegummy without estruction should be provided from the the to be indicated by an oxorgency exit sign.

Although the exit door would swing over the sidewalk when open, that is lowable if the door is used for energency egress only. To help assure that whitien, the knob should be left off of the outside of the door, and instructions for to all employees that the door is not to be used except in the case of orgency.

I am unable to consider that there is a clear passageway to an exit door m such a passageway is likely to be cluttered up and obstructed by cartons I other refuse as was the case the day I may at the store. I realize the mre was somewhat in confusion on account of the changes being made, and I know it similar undesirable accumulations occur everywhere now and then, but they puld nover be allowed in a passagemay which is intended for use to reach an regacy exit.

Very truly yours,

iD/H · : Jacob Levinsky, 278 Congress St. Chier Sanborn

Inspector of Buildings



### APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

| D-milmud  | Maine. | Kovenber                               | 2, 19/1 |
|-----------|--------|----------------------------------------|---------|
| Portland. | maine, | ************************************** |         |

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for permit to erect alter install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

\_Within Fire Limits? \_\_yos \_\_Dist. No.\_ Owner's or Leggies name and address Incot Levinety, 278 Cor reas St. Contractor's name and address Lesous Plans filed VER No. of sheets 1 No. families\_ Proposed use of building Store and tenements Other buildings on same lot\_\_ Description of Present Building to be Altered Estimated cost \$ 35. Material 7300 No. nories 21 Heat \_Style of roof\_\_\_\_\_ \_Roofing\_\_ Store and tenements General Description of New Work

To close up one existing entrenes door in front of building as shown on plan, and put in show window in its place - no structural change

and to provide new rear exit stairs and door

| any plumbing work involved in this work?  any electrical work involved in this work?  Aleght work involved in this work?  Aleght work involved in this work?  Iteight average grade to top of plate  Earth or rock?  Iteight average grade to highest point of roof  observed on solid or filled land?  Iteight works grade to highest point of roof  Earth or rock?  Iteight works grade to highest point of roof  Earth or rock?  Iteight works grade to highest point of roof  Earth or rock?  Iteight works grade to highest point of roof  Earth or rock?  Iteight works?  Earth or rock?  Iteight works?  Earth or rock?  Iteight works?  Iteight works?  Iteight works?  Iteight works?  Iteight works grade to top of plate  Earth or rock?  Iteight works?  Iteight works?  Iteight works grade to top of plate  Earth or rock?  Iteight works grade to top of plate  Earth or rock?  Iteight works grade to top of plate  Earth or rock?  Iteight works grade to top of plate  Earth or rock?  Iteight works grade to top of plate  Earth or rock?  Iteight works grade to top of plate  Earth or rock?  Iteight works?  Iteight wor | and a still magnit does                                                                           | not include installation of | heating apparatus wi  | hich is to be take | en out separately | by and in the name of |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|--------------------|-------------------|-----------------------|
| any electrical work involves' in this work?      depti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne heating contractor.                                                                            | Detail                      | Is of New Wo          | rk                 | 771176            | VIE (IL COCCESSES ST  |
| any electrical work involve in this work involve in this work involved.  No. stories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s any plumbing work involved                                                                      | in this work:               |                       | worzae arade t     | o top of plate_   |                       |
| o be crected on solid or filled land?  Thickness, top bottom cellar  Thickness.  Thickness, top bottom cellar  Thickness.  Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickness. Thickn | s any electrical work involved                                                                    | in this work?               | rieignt a             | tverage grade t    | o highest point   | of roof               |
| Thickness, top bottom cellar    Conternation   Cont | Size, frontdepth_                                                                                 | No. storie                  | :s1 leight a          | iverage grade t    | O Ingliese Passa  |                       |
| Signature of foundation  Thickness, top  Bottom  Thickness, top  Thickness, top  Thickness  Thickne |                                                                                                   |                             |                       | earm or rocks.     |                   |                       |
| Atterial of underpinning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   | Ti                          | almose ton            |                    |                   |                       |
| Asserting of chinneys                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                             |                       |                    |                   |                       |
| Material of chimneys.  Sind of heat.  Type of fuel.  Dressed or full size?  Size.  Max. on centers.  Material columns under girders.  Size.  Max. on centers.  Bridging in every floor and flat roof.  Some over 8 feet. Sills and corner posts all one piece in cross section.  Joists and rafters:  1st floor.  2nd.  3rd.  7roof.  Anximum span:  Ist floor.  2nd.  3rd.  7roof.  Maximum span:  Ist floor.  2nd.  3rd.  7roof.  Maximum span:  If a Garage  No. cars now accommodated on same lot.  Total number commercial cars to be accommodated.  Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?  Miscellaneous  Will above work require removal or disturbing of any shade tree on a public street?  No. cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any shade tree on a public street?  No. Cars now accommodated on disturbing of any s |                                                                                                   |                             |                       |                    |                   |                       |
| Framing lumber—Kind                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                             |                       |                    |                   |                       |
| Training lumber—Kind  Girt or ledger board?  Size  Max. on centers  Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat root span over 8 feet. Sills and corner posts all one piece in cross section.  Joists and rafters: 1st floor  On centers: 1st floor  Naximum span: 1st floor  If one story building with masonry walls, thickness of walls?  If a Garage  No. cars now accommodated on same lot  Total number commercial cars to be accommodated.  Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?  Miscellaneous  Will above work require removal or disturbing of any shade tree on a public street?  No. will above work require removal or disturbing of any shade tree on a public street?  Signature of owner  By Great & Latentia & Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                             |                       |                    |                   |                       |
| Maximum span: 1st floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                             |                       |                    |                   |                       |
| Material columns under girders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                             |                       |                    |                   |                       |
| Studs (outside walls and carrying partitions) span over 8 feet. Sills and corner posts all one piece in cross section.  Joists and rafters: 1st floor, 2nd, 3rd, roof                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Corner posts                                                                                      | )                           | Size                  | N                  | vlax, on center   | S                     |
| Joists and rafters:  Ist floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Material columns under girder<br>Studs (outside walls and carr<br>span over 8 feet. Sills and con | ying partitions) with       | in cross section.     |                    |                   |                       |
| Maximum span: 1st floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                             |                       | , sra              |                   | roof                  |
| If one story building with masonry walls, thickness of walls?  If a Garage  No. cars now accommodated on same lot.  Total number commercial cars to be accommodated.  Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?  Miscellaneous  Will above work require removal or disturbing of any shade tree on a public street?  Will there be in charge of the above work a person competent to see that the State and City requirements pertaining there are observed?  Signature of owner  By Great Atlentic Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                 | 1st floor                   | , 2nd                 | , 3rd              |                   | roof                  |
| No. cars now accommodated on same lot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Maximum span:                                                                                     | 1st floor                   | , 2nd                 | , 3rd              | 1                 | _, 1001               |
| No. cars now accommodated on same lot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If we story building with m                                                                       | asonry walls, thickness     | of walls?             |                    | ne                | ight:                 |
| Total number commercial cars to be accommodated.  Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?  Miscellaneous  Will above work require removal or disturbing of any shade tree on a public street?  Will there be in charge of the above work a person competent to see that the State and City requirements pertaining there are observed?  Signature of owner by Great Levinsky? Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                             |                       |                    |                   |                       |
| Total number commercial cars to be accommodated.  Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?  Miscellaneous  Will above work require removal or disturbing of any shade tree on a public street?  Will there be in charge of the above work a person competent to see that the State and City requirements pertaining there are observed?  Signature of owner by Great Levinsky? Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No care now accommodated                                                                          | on same lot                 |                       | _, to be accomn    | nodated           |                       |
| Will above work require removal or disturbing of any shade tree on a public street?  Will there be in charge of the above work a person competent to see that the State and City requirements pertaining there are observed?  Signature of owner  By Great Atlantic Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                             |                       |                    |                   |                       |
| Will above work require removal or disturbing of any shade tree on a public street? no  Will there be in charge of the above work a person competent to see that the State and City requirements pertaining there  are observed? yes  Signature of owner by Great Alentic at Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10m number committee reprieing he                                                                 | done other than mino        | er repairs to cars in | abitually stored   | in the propose    | d building :          |
| Will there be in charge of the above work a person competent to Jacob Lovingly Pacific Tea Co.  are observed?  Signature of owner  By Creat Atlantic Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Will automobile repairing be                                                                      | . =                         | Miscellaneou          | S                  | no no             |                       |
| Will there be in charge of the above work a person competent to Jacob Lovingly Pacific Tea Co.  are observed?  Signature of owner  By Creat Atlantic Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Will above work require ren                                                                       | ioval or disturbing of a    | my shade tree on a    | a public street:   | and City requir   | ements pertaining the |
| are observed? Yes By Great Atlantic Pacific Tea Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Will there be in charge of t                                                                      | he above work a person      | ii Competent to see   |                    |                   |                       |
| 5.8. BT 2.11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | are observed? yes                                                                                 |                             | by Grea               | t Atlentid         | Pacific '         | fea Co.               |
| INSPECTION COPY (Confirmation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INSPECTION COPY                                                                                   | 0.8                         | By                    | Jula "             | ` ` ~             |                       |

Cotif. closing-in Inspn. closing-in Final Notif. Final Inspn. 5/13 Att. 38/222/ Cert. of Occupancy issued Boiler 38/1479 1

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Last usc.

# APPLICATION FOR PERMITPLEMENT 102

Class of Building or Type of Structure\_\_\_\_Rotrigorstion

Portland, Maine, Karch 14,

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter install the following bailding structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Within Fire Limits? yes Dist. No. 1 Location 272 Congress Street \_Telephone2-0155\_ Owner's or-Lessee's name and address Grant Atlantic & Pacific Tes Co. 93 Sennebec St. Telephone with Fire Dept.
Plans filed Yes No. of sheets..... Contractor's name and address No. families Proposed use of building\_ Other buildings on same lot\_\_ Estimated cost \$ 25. Description of Present Building to be Altered \_\_\_Style of roof\_\_\_\_\_ \_Roosing\_ \_Heat\_ Material wood No. stories

General Description of New Work

To install one additional compressor for refrigeration in basement

| he heating contractor.                                    | Deta                      | ** C BY TXIO           | m}r                 | out separately by and in the name of |
|-----------------------------------------------------------|---------------------------|------------------------|---------------------|--------------------------------------|
| •<br>•                                                    |                           | Heigh,                 | verage grade to to  | op of plate                          |
|                                                           | n No. stori               | Haight:                | verage grade to h   | ighest point of roof                 |
|                                                           |                           |                        | CHAIL OF TOWN       |                                      |
|                                                           |                           |                        |                     |                                      |
| Material of foundation                                    | 1                         | TJ sight               |                     | Thickness                            |
| Material of underpinning                                  |                           | Height                 | aing `              | :                                    |
| Kind of Roof                                              | Rise per foot             | R001 COVE              | ing                 | of linings fitting involved?         |
|                                                           |                           |                        |                     |                                      |
| Kind of heat                                              | T                         | ype of fuel            | is ga               | s fitting involved?                  |
|                                                           |                           |                        |                     |                                      |
| Corner posts                                              | SillsGirt or              | ledger board?          |                     | Size                                 |
| Corner postaren under gir                                 | ders                      | Size                   | M                   | ridging in every floor and flat roc  |
| Studs (outside walls and c<br>span over 8 feet. Sills and | arrying partitions) 2x4-1 | 6 U. C. Ullucis        | ONO OI IMAG         | 5 5                                  |
| Joists and rafters:                                       | 4 4 10                    | ZDO                    |                     | , rooi                               |
| On centers:                                               | 1st floor                 | , 2nd                  | , 3rd               | , roof                               |
|                                                           | 1st floor                 | , 2nd                  | , 3rd               | , roof                               |
| yjaxınının spur-                                          | masonry walls, thickness  | of walls?              |                     | height?                              |
|                                                           |                           | It a Garage            | *                   |                                      |
| No. cars now accommodate                                  | ed on same lot            |                        | , to be accommod    | lated                                |
|                                                           | Andrew                    |                        |                     |                                      |
| Will automobile renairing                                 | he done other than mine   | or repairs to cars h   | abitually stored in | the proposed building?               |
|                                                           |                           |                        |                     |                                      |
| 1 Williaboye Brork require                                | removal or disturbing of  | any shade tree on a    | public street?      | no                                   |
| Thought A from the second of                              | of the above work a perso | III COMPOCIONE TO SEC. |                     | =                                    |
|                                                           |                           | MAY.                   | 'FIST HOLDINGE      |                                      |
| are observed? 468                                         | Signature of o            | wner By                | 12 arps             | <u> </u>                             |
| INSPECTION COPY                                           | FIRE DEPT.                | <b>u</b> -             | •                   |                                      |

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| ermit No. 39/227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The state of the s |
| ocation 272 Congres St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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FILL IN COMPLETELY AND SIGN WITH INK

Permit No. 1990



INSPECTION COPY

# APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER ENTIRE MENT

Portland, Maine, 5ept. 16,1938 The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in To the INSPECTOR OF BUILDINGS, PORTLAND, ME. accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications: Use of Building Store and Dwelling Lucation 270 Congress St. Name and address of owner-Jacob Levinsky 278 or gress St Contractor's name and address Arnold Fossett Westbrook R.F.D.#1 General Description of Work CERTIFICATE OF OCCUPANCY REQUIREMENT IS WATVED To install Steam boiler in place of stove NOTIFICATION BEFORE LATHING IF HEATER, POWER BOILER OR COOKING DEVICE NOTIFICATION BEFORE LATHI

Is heater or source of heat to be in cellar? Yes If not, which story Kind of Fuel Cosing IN IS WAIVEN Material of supports of heater or equipment (concrete floor or what kind)-concrete Minimum distance to wood or combustible material, from top of boiler or casing top of furnace, 24, \_\_\_\_\_\_from front of heater\_\_\_\_\_\_from sides or back of heater\_\_\_\_\_\_ from top of smoke pipe 18 \_\_\_\_Labeled and approved by Underwriters' Laboratories?\_ Will operator be always in attendance?\_\_\_\_\_Type of oil feed (gravity or pressure)\_\_\_\_ Name and type of burner Will all tanks be re than seven feet from any flame? How many tanks fireproofed? Amount of fee inclosed? 1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.) building at same time.)

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|------------------------------------------------|------------------|
| <i>j</i>                                       | •                |
| Ward Permit No. 38/1479                        |                  |
| Location 270 Congress St                       |                  |
| Owner Macob Levinsky                           |                  |
| 11411 26                                       |                  |
| Date of permit Defel, 16 0 %                   |                  |
| Post Card sent                                 |                  |
| Notif. for inspn. 1:1761                       |                  |
| 11. 36/222<br>Approval Foreissned 5/15/42.6.6. |                  |
| Hr. 41)1923<br>Oil Burner Check List (date).   |                  |
|                                                |                  |
|                                                | · :              |
| 2. Label                                       |                  |
| 3. Anti-siphon                                 |                  |
| 4. Oil storage                                 |                  |
| 5. Tauk distance                               |                  |
| 6. Vent pipe                                   | -                |
| 7. Fill pipe                                   |                  |
| χ                                              | :                |
| 8. Gauge                                       |                  |
| 9. Rigidity                                    |                  |
| 10. Feed safety                                |                  |
| 11. Pipe sizes and material                    |                  |
| 12. Control valve                              |                  |
| 13. Ash pit vent                               |                  |
| 14. Temp. or pressure safety                   |                  |
| 15. Instruction cayd                           |                  |
|                                                | 1                |
| 16.                                            |                  |
| NOTES                                          |                  |
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| <b>T</b>                                       | -7               |
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until heater is actually removed. 10/4/25- Heater removed Répt. 17893-I May 9, 1338 Hr. Jacob Lavinsky, 279 Congress Street, Portimu, Unine Dear Sir: Tou received a copy of my letter of May 3rd addressed to G. W. Weston concerning the instrilation of an oil burning hot water heater without - building permit at 272 Congress Street. Chief Sambern of the Fire Department says that he is unable to approve this type of burner. Under these circumstances it will be necessary to have the burner entirely removed at least by May 16, 1938. Very truly yours, MICD/H Inspector of Buildings CC: G. N. Weston 173 Congress St. Please note the above. We shall expect you to cooperate with the removal of this illegal oil burner. If, after the burner has been removed you will return the receipt for the ree paid to this office, your money will be refunded by yourner. Warren McDonald

Rept. 17890-I

May 5, 1938

Mr. G. W. Weston, 173 Congress Street, Fortland, Maine

Dear Sir:

The so-called "See-well" oil burning hot water heater for which you have applied for a permit to install for Jacob wevinsky at 272 Congress Street has never received the formal approval of the Chief of the Fire Department, according to our records, required by the Building Code for an oil burner of such a type which does not bear the label of the Underwriters' wateratories, Inc. for the use intended.

For that reason I am unable to issue the permit. If you desire a secure Chief Sanborn's approval for this oil burner, complete information should be furnished to him with an application for approval. It may be necessary to send one of the burners down to fire headquarters for his examination.

If you do not intend to apply for his approval on this turner, or after applying he is unable to give approval to the burner, if you will return the receipt for the fee paid to this office within a reasonable time, your money will be refunded by voucher.

Very truly yours,

KHOD/H

CC: Jacob Levinsky 278 Congress St.

Chief Sanborn

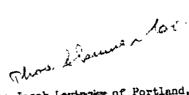
Inspector of Buildings



## FILL IN COMPLETELY AND SIGN WITH INK OF CONTROL OF THE PARTY OF THE PERMIT NO.

| APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Portland, Maine, April 50, 1938                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| To the INSPECTOR OF BUILDINGS, PORTLAND, ME.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Location 272 Congress Street Use of Building Stores and tenements No. Stories 23-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name and address of owner Jacob Levinsky, 278 Congress St. Ward 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Contractor's name and address G. W. Weston, 173 Congress St. Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| General Description of Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| To install cil fired hot water heater - No cil supply tank or container exceeding three gallons gapacity will be connected to this burner now or hereafter, and both heater and cil container.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| will be supported and fastened ris aly if HEATER, POWER BOILER OR COOKING DEVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Is heater or source of heat to be in cellar?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Material of supports of heater or equipment (concrete floor or what kind) concrete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Minimum distance to wood or combustible material, from top of boiler or casing top of furnace, 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| from top of smoke pipe 22", from front of heater over 5! from sides or back of heater over 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Size of chimney flue 12x12 Other connections to same flue furnace ottle 24 from shell IF OIL BURNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name and type of burner Sec-well (Baine Herdward Co.  Will operator be always in attendance?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Location oil storage 2 gal. bottle attached No. and capacity of tanks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Will all tanks be more than seven feet from any flame? How many tanks fireproofed?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| will all talks be more than seven feet from any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Amount of fee enclosed? 1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)  Signature of contractor The State of Contractor The S |
| INSPECTION COPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| 10. Feed safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 12. Control vaive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The second section of the control of |
| 13. Ash pit vent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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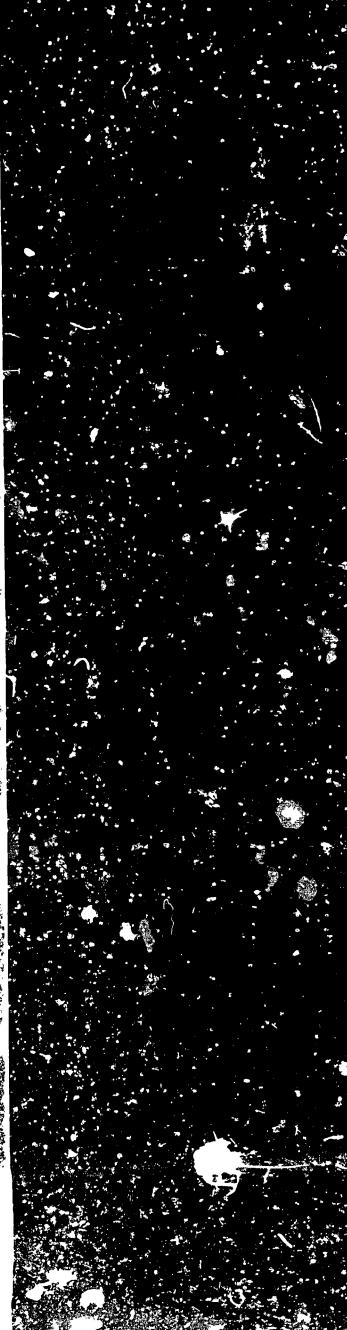


Being the seller to Jacob-Lovinsky of Portland, Mains of certain structural steel, formerly used since originally rolled, and known as second hand rolled shapes, I, hereby certify as follows:

1. That the complete bill of material of this steel, or at least as much of it as is intended to be used under the Building Code of the City of Portland, Maine, is as follows: (below list each separate piece with the length of each, the height and width of flange of each, and, if svailable, the weight per lineal foot of each, together with the year of manufacture, if stamped on the piece)

7 10".10" H Beans 30' 4mg

| 2. That this steel was formerly used in and taken by me or by others from (give name of building or structure and precise location)  In a bridge of Mew Medous Remarks of the state of the |
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| at their                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5. That to my certain knowledge none of this steel has been involved in a fire, explosion, or wreck of any description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (Signature of individual acting independently Astrology or as head of some firm or corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| or as head of Bond 1111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Address of signer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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Being the seller to Jacob Levinsky of Portland, Hains of certain structural steel, formerly used since originally rolled, and known as second hand rolled shapes, I, hereby certify as follows:

as each of it as is intended to be used under the Eucliding Code of the City of Portland, Maine, is as follows: (below list each separate piece with the length of each, the height and width of flangs of each, and, if evailable, the weight per lineal foot of each, together with the year of manufacture, if stamped on the piece)

1-10" I Bran. 23' Long Flange 4 2/32 ht 25.4 1-12" ~ 18' Long x 5/4" ht. 40.8 fee Jt.

2. That this steel was formerly used in and taken by me or by others from (give name of building or structure and precise location)

5. That to my certain knowledge none of this steel has been involved in a fire, explosion, or wreak of any description.

(Signature of individual acting independently figure for as head of some firm or corporation)

Address of signer

Address of signer

Hitnessi h & Ceoquill

SPECIFICATIONS AND STATEMENT ACCOMPANYING APPLICATION BY JACOB LEVINSKY FOR A BUILDING PERMIT TO COVER ALTERATIONS IN THE BUILDING AT 272-274 CONGRESS STREET,

#### CORNER OF INDIA STREET

Sheet 1 of 2

#### March 7, 1938

- 1. This statement and the conscious are to be considered as much a part of the application for the permit as though written on the application form, but failure to mention any requirement of the Building Code of the City of Portland, herein, shall relieve owner, contractor or architect from compliance therewith.
- 2. Both toilet rooms in the cellar will be ventilated by means of windows from the rooms through the outside wall of the building, each toilet to have a window at least three square feet in area, at least one foot wide, and operative. Because of the requirements of the State Health Regulations, each toilet room door and the door at the top of the cellar stairs which lead to the retail store will be made self-closing so that these doors will be normally closed and kept closed by a suitable check or spring.
- 3. Before structural steel is delivered on the premises, details will be furnished showing method of supporting floor and roof joists and cailing joists, if any, upon the steel beams, and necessary bracing for compression flanges; also details of fastening and bracing plates intended to support chimneys/are to be dut off just below the second floor level; also arrangement where Lally columns are to be supported on masonry pieres. These Lally columns are to bear directly on the masonry or metal bearing plates on the masonry without intervening wood. Each flue of these cut-off chimneys will be provided with a cast iron cleanout door and frame just above the second floor, and all flues cleaned out if found necessary. If it is determined leter that the Building Code requires these steel beams intended to support the chimneys to be fireproofed, this fireproofing will be provided of poured concrete or protection considered equivalent.
- 4. It is realized that the present framing of wooden timbers in present first floor in many places has spans too long and center spacings too great, with relation to the sizes of the timbers, to theoretically carry the loads which will likely come upon the first floor. All of this existing first floor framing will be renewed, replaced or strengthened in such a way as to figure under allowable stresses in the Building Code to safely support a unform live load of at least 75 pounds per square foot plus the dead load, and to safely support any special loads that are intended to be placed upon it. A plan of the existing floor framing, or as much as deemed necessary by the Inspector of Buildings, showing complete proposed mathods of strengthening as above, will be submitted to him for checking in ample time so that the work may be done before the store is occupied.
- 5. There is a question as to whether or not some of the new wood framing proposed in the roof and floor of the addition, as shown on the plans, is adequate to support the proposed loads according to Building Code standards. Revised framing plans showing framing that figures to be strong enough will be furnished before March 10, 1958.
- 6. The existing store fronts on Congress St. will not be changed except that all of the entrance doors will be made to swing outwards or to be double acting in such a way that no part of them will ever swing over the public sidewalk.
- 7. No wood or burnable material of any description will be used in the cap of the parapet wall on the rear wall of the addition.

Sheet 2 of 2

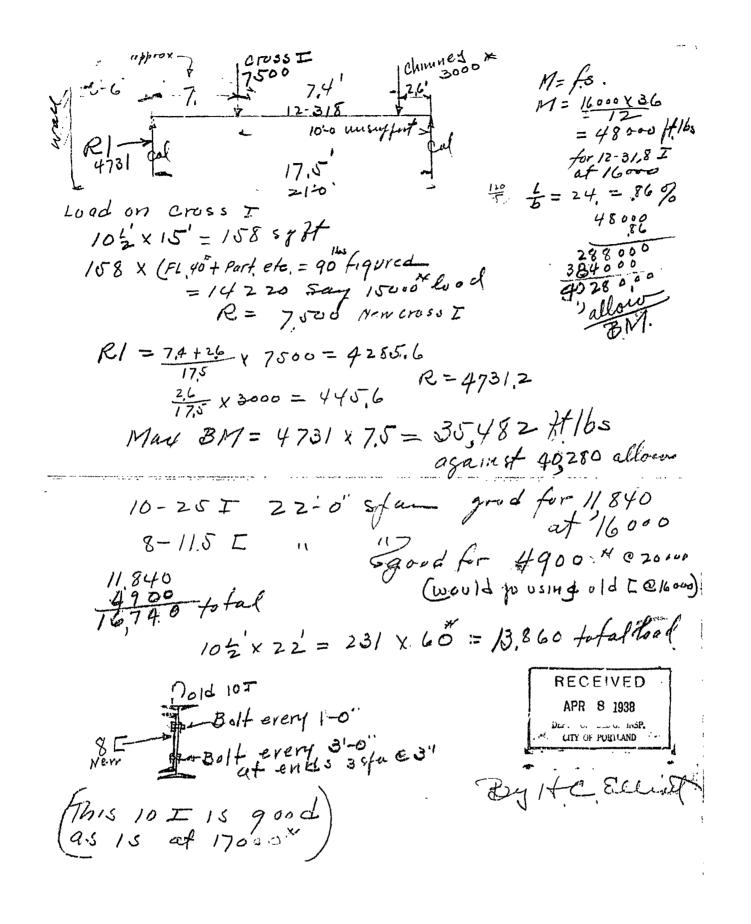
- (8) clearly indicate the rear exit door to be provided and visible from all parts of of the store.
- 9. A handrail will be provided on at least one side of all new stairways to be built in the building.
- 10. Standard fire extanguishers will be provided in the building of a type approved by the Chief of the Fire Department as follows: one in the basement near the heater, and if the basement is to be used for the retail store except for toilets, two in the basement; two extinguishers in the new retail store, all extinguishers to be provided before the store is occupied and always kept in a conspicuous place.
- 11. A separate permit to cover installation of the new heating plant will be secured by the person, firm or corporation which is to install the system.
- 12. Metal wall anchors, fastened to the underside of the joists and girders, of both roof and floor of the proposed addition, will be provided and built into the masonry at intervals not greater than 8 feet. Where joists are parallel with masonry walls, anchors will be long enough to engage at least three joists.
- 13. As well as in the new work, adequate firestops will be provided in the existing building wherever the exposed conditions seem to require them in the opinion of the Inspector of Buildings.

Jacob Levinsky

14. Being aware of the provisions of Section 39 of the Building Code relating to requirements before this remodeled building may be legally occupied, due notice of readiness for final inspection will be given to the Department of Building Inspection, and a certificate of occupancy actually received from the Inspector of Buildings before the remodeled part of the building is again occupied.

Owner's Signature\_

Being the seller to Jacob Levinsky of Portland, Laine of certain structural steel, formerly used since originally rolled, and known as second hand rolled shapes, I, hereby certify as follows:



WARREN MCDONALD On reply refer CITY OF PORTLAND, MAINE to File P.38/222-I Department of Building Inspection FU April 7, 1938 Mr. H. C. Elliott, Engineer c/o Magquior & Jones, 53 Pearl Street Portland, Taine Dear Mr. Elliott: Mr. Levinsky tells me that he had you look over the situation with relation to two steel beams in his alteration job at 272-274 Congress Street, and it is desirable that you understand the true condition. There are two steel beams in question, one a 10" I-beam under the rear roof on a 22' span; the other a 12" I-beam under the second floor and running parallel with Congress Strest. Both of these beams are second hand steel of undetermined age, and I have found it necessary to limit the allowable fibre stress to 16,000 pounds per square inch. Mr. shodes, who has taken care of the steel design thus far, and myself are in agreement that the 10" beam does not figure out on a 16,000 pound fibre stress. I have asked that a method of strengthening it be submitted so that it would figure out. We have not sufficient information in this office to know whether the 12" beam would be overloaded or not. We do know that it supports one chimney and the reaction of a new steel beam proposed to strer than the original second floor, as concentrated loads; also that this beam would support practically all of two plastered partitions in the second story, some of the second story ceiling or at least some of the third s ory ceiling, partitions in the third story, and perhaps a part of the roof. We have asked Mr. Rhodes to furnish information showing what the loads are which will come upon this steel. That has not been done. Mr. Levinsky says that he will have you investigate both situations, and I shall be giad to have your plan of both of them with the supporting data. Very truly yours, Warren Wood WMcD/H Inspector or buildings Electrical Charles Comme



INSPECTION COPY

# Original Per No. 188/223 UEL Amendment No. 2 AMENDMENT TO APPLICATION FOR PERMIT 1938

| THE REAL PROPERTY OF THE PARTY | Portland, Maine,                              | April 6, 1938                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| To the INSPECTOR OF BUILDINGS, PORTLAND, ME.  The undersigned hereby applies for an amendment to Permi prised in the original application in accordance with the Laws of the and specifications, if any, submitted herewith, and the following specifications, if any, submitted herewith, and the following specifications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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it No. <u> </u>                               | ning to the building or structur<br>ng Code of the City of Portland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Location 272-274 Congress Street Ward 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Within Fire Limit                             | s? <b>yes</b> Dist. 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| Owner's or Lessee's name and address Jacob Levins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Contractor's name and address Te. E. Butland, 76 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lunjoy St.                                    | A Company of the Comp |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Plans filed as part of this Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Increased cost of work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | - 1 107 1                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The state of the s |
| Description of To make changes in structural steel as indica sundry notations on it made from time t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Approved State of the State of | Approved:                                     | 4/11/308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sand Marie Control of the Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Chief of Fire Department.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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April 7, 1938

Mr. H. C. Elliott, Engineer c/o Megquier & Jones, 53 Pearl Street Portland, Maine

Dear Mr. Elliott:

Mr. Levinsky tells me that he had you look over the situation with relation to two steel beams in his alteration job at 272-274 Congress Street, and It is desirable that you understand the true condition.

There are two steel beans in question, one a 10" I-beam under the rear roof on a 22° span; the other a 12" I-beam under the second floor and running parallel with Congress Street. Both of these beans are second hand steel of a undetermined age, and I have found it necessary to limit the allowable fibre stress to 16,000 pounds per square inch.

Mr. Khodes, who has taken care of the steel design thus far, and myself are in agreement that the 10" bear open not figure out on a 16,000 pound fibre stress. I have asked that a method of strengthening it be submitted so that it would figure out.

We have not sufficient information in this office to know whether the 12" beam would be overloaded or not. We do know that it supports one chimney and the reaction of a new steel beam proposed to strengthen the original second floor, as concentrated loads; also that this beam would support practically all of two plastered partitions in the second story, some of the second story ceiling or at least some of the third story ceiling, partitions in the third story, and perhaps a part of the roof. We have asked in Andreas to furnish information showing what the loads are which will come upon this attest. That has not been done.

Mr. Levinsky says that he will have you investigate both situations, and I shall be glad to have your plan of both of them with the supporting data.

B Very truly yours,

ValcD/H

Inspector of Buildings

CC: Jacob Levinsky 278 Congress St.

April 6, 1930

ur. Jacob N. Levinsky. 278 Congress St. ur. Berbort W. Rhoiss, Slip Esotango Strest t. L. S. Bubland, 74 Lunjoy Ebroot

#### Gentlance:

fith reference to my letter of recent date relating to two steel become in the levinewy dullding at 272-274 Congress Streat, corner of India, which second to be of inadequate straight, or diodes delivered a small elected here protected, evidently to show propried attemptioning of these two become, by small or culting channels to both because. This proposed subject to measal and questionable because the channels are proposed to be belted to the webs of the beams while is in the strength of the flanges that is questionable. If you insist that this is the sathed strength of the flanges that is questionable. If you insist that this is the sathed small such the follow, alease show the section modules which the two beams the i-bound and the channels evaluated of the channels evaluated with channels about one of the field in the channel should not be added together to get the correct result. Also, indicate by shat reasoning you feel that the leboth and the channel should channel still not together with the boiling arrangement proposed.

in any over to such have a complete revised plan of Mr. Abedoof last stool fracing plan, simples the method of strongthening of the beam and the particular beams to which the strongthening refers; also an application for anaximent to the steel arrangement from Mr. Bubland.

The Time I'm appece girder in the rear spin of the four spans of 7° × 7" girders in the ST girders from the sect one of the proposel store, shown on the plan for reinforcing first floor (shoot IF) does not figure adequatelise butland says the 6° i-beans shown on that planess are to be used steel, and they seem to figure out on that basis, but we require a statement from the seller similar to that filed for the other used steel. I as unable to accept the corrugated pipe filled with concrete. He seemedment is required to cover this strongtoning for it is covered in the original permit by and agreement by Wr. Levinsky to the effect that he will furnish a plan of the strongthening and get it approved before the sork is done. some in dome-

Neaco be severed accordingly.

very bruly yours.

Cland od Manaka (bengis:

inspector of Mulidings.

April ., 1938

Jacob Levinsky, 278 Congress Street, Portland, Maine

H. V. Rhodos, Sly Exchange Street, Portland, Laine

74 Junjoy Street, Portland, Weine

Gent\_aron:

To question the adequacy of two pieces of steel shown on the last steel froming plan that fir. Abodes filed in this office in connection with the Levinsky building at 272-274 Congress Street, corner of India Street, on Earch 28th.

Under the roof of the portion of the building which is to be one story, the plan shows the most restarly line of steel beauto be 10° I-beausst 25.4 pounds per foot. The 10° beaut of itseed two which is closer to Congress Street, Mr. Rhodes agrees over the room has an alterable 11 d of 11,800 pounds based on being second it is something over 15,000 pounds. In connection with this beautiff is my understanding that Ar. Rhodes is to go over the condition with the owner and supply a revised plan showing a stronger beautof this point or a mathed of strongthening the existing beauto sake it flavors out.

The other bers in quarties to the 1." At 7.8 pounds per fact 1-bers see. In fact of the read, two read, the read of the read, the read of the read of

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

Jacob Levinsky
H. K. Shodes
L. E. Butland

April 1, 1938

the calling of the third story. Some person would have to get up into the more or less blind attic over this been to tell whether or not it will be called upon to support a part of the roof load. May we have these detailed design figures promptly?

To keep the records straight, let as say that the last change in the stoel framing and the size of the besses has nover been covered properly with an assence to the parsit, which, of course, is the contractor's responsibility. As soon as the matter of these two steal beams is figured out, ir. Estland should come to the office with the revised plan showing the steel as it will finally be and file an amendment to cover the last changes.

Very truly yours,

HICD/H

Inspector of Buildings

March 25, 1958

Mr. Jacob Lavinsay, 278 Congress Street, Portland, Meino

Dear Sir:

You are reminded that you have not yet furnished a framing plan of the existing first floor in the building at 272-276 Congress Street including proposed means of strengthening this floor and the details of plates to rest upon certain of the steel beams and support the chimneys which have been cut off, and the fustenings of the plates to the beams, all as mentioned in your agreement of March 7, 1738. We still have to find out what kind of ceiling you are to use and how the ceiling is to be hums. to use and how the coiling is to be hung.

Your contractor filed a ravised plan of some of the framing including some of the steel work on March 18th and applied for and was given an amendment to the original permit to cover changes in this framing. We find this morning that the steel work has not been erected even according to this revised plan, lighter steel bears being supplied in mayoral places they called for by the read of the results of the results. lighter steel beams being supplied in several places then called for by the revised plan. We are unable to say that this changed steel is not heavy enough to serve the purpose, but if the contractor is not to follow the plan for which he has a negret of the recessory that he contractor as not to follow the plan for which he has a negret of the recessory that he contractor as not to follow the plan for which he has a negret of the recessory that he contractor as not to follow the plan for which he has a negret of the following that he contractor are negret of the following that he contractor are the following that he contractor are negret or the following that the following the fo permit, it is necessary that he file a plen that he is going to follow and apply for another amendment.

In looking over the stool design I find one 10 inch I-beam on a 22 feet span which does not figure out heavy enough, because the beam being a used one can only be credite; with an allowable fibre stress of 16,000 pounds per square inch. This beam is already in place, I am told, and some of the roof looking fraged on it. per square inch. The joints framed on it.

We have found a piace on the job where removing the first story coiling discloses that the second floor joists, running parallel to Congress Street, are 2x8's on a 22 foot spen which is very much excessive even if the joists carried only the second floor, but apparently these joists also support, not far from the center of their spans, a bearing partition in the second story which supports the third floor and a plastered partition on the third floor. Diviously something must be done about this situation.

It is necessary for me to require that you stop all work on this steel work and all work such as roof, floor and ceiling construction which will depend upon this steel work or upon these juists which are on an excessive span, until we are supplied with a plan which shows the steel work the way you intend to have it, strong enough to satisfy building Code requirements and to take care of this situation where the existing framing is not considered safe to proceed with; and until you have actually secured an amendment to the original permit covering all of these changes.

Very truly yours,

CC: L. E. butland H. W. Rhodes MACD/H

Inspector of Buildings