

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 539 Congress STR

PROPERTY OWNERS NAME

Last: Morrison First: Kalina
Applicant Name: Carl J. Morrison
Mailing Address of Owner/Applicant (If Different): 20 High Street
Portland ME 04101

Caution: Permit Required
Plumbing shall not be installed until a Permit is attached here to.

PORTLAND 3675 TOWN COPY
Date Permit Issued: NOV 24 1985 \$ 136 FEE
Local Plumbing Inspector Signature: [Signature] L.P.I. # 1111

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a permit.
Signature of Owner/Applicant: [Signature] Date: 10-24-85

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
Local Plumbing Inspector Signature: [Signature] Date Approved: NOV 29 1985

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING <u>OCT 24 1985</u>	Type Of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY <u>Recreation Center</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>101943</u>
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Hook-Up & Piping Relocation Maximum of 4 Hook-Ups	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations	8	Other: <u>Shampoo Sinks</u>	2	Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			8	Fixtures (Subtotal) Column 2
		1, 3		Total Fixtures
		\$		Fixture Fee
		\$		Hook-Up & Relocation Fee
		\$ 36		TOTAL FEE

TOWN COPY

PERMIT # 002780 TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Hampsted Hospitals Inc.

Address: Hampsted, New Hampshire

LOCATION OF CONSTRUCTION XXX 539 Congress Street

CONTRACTOR: RP Morrison Bldrs Inc SUBCONTRACTORS: 892-9418

ADDRESS: ** 158 Chuge Rd. Windham 04062

Est. Construction Cost: 8,000 Type of Use: retail sales

Past Use: retail sales

Building Dimensions L W Sq. Ft. # Stories Lot Size

Is Proposed Use: Seasonal Condominium Apartment

Conversion - Explain tenant fit up as per plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units # Of New Dwelling Units

Foundation:

1. Type of Soil:

2. Set Backs - Front Rear Side(s)

3. Footings Size:

4. Foundation Size:

5. Other

Floor:

1. Sills Size: Sills must be anchored.

2. Girder Size:

3. Lally Column Spacing: Size:

4. Joists Size: Spacing 16" O.C.

5. Bridging Type: Size:

6. Floor Sheathing Type: Size:

7. Other Material:

Exterior Walls:

1. Studding Size Spacing

2. No. windows

3. No. Doors

4. Header Sizes Span(s)

5. Bracing: Yes No

6. Corner Posts Size Size

7. Insulation Type Size

8. Sheathing Type Size

9. Siding Type Weather Exposure

10. Masonry Materials

11. Metal Materials

Interior Walls:

1. Studding Size Spacing

2. Header Sizes Span(s)

3. Wall Covering Type

4. Fire Wall if required

5. Other Materials

For Official Use Only	
Date <u>Oct 12, 1989</u>	Subdivision: Yes / No <u> </u>
Inside Fire Limits <u> </u>	Name <u> </u>
Bldg Code <u> </u>	Lot <u> </u>
Time Limit <u> </u>	Block <u> </u>
Estimated Cost <u> </u>	Permit Expiration: <u> </u>
Value/Structure <u> </u>	Ownership: <u> </u> Public <u> </u> Private <u> </u>
Fee <u>57.00</u>	

Ceiling: PERMIT ISSUED
1. Ceiling Joists Size:
2. Ceiling Strapping Size Spacing
3. Type Ceilings: NOV 2 1989
4. Insulation Type Size
5. Ceiling Height:

Roof: City Of Portland
1. Truss or Rafter Size Span
2. Sheathing Type Size
3. Roof Covering Type
4. Other

Chimneys: Number of Fire Places

Heating: Type of Heat:

Electrical: Service Entrance Size: Smoke Detector Required Yes No

Plumbing: 1. Approval of soil test if required Yes No

2. No. of Tubs or Showers

3. No. of Flushes

4. No. of Lavatories

5. No. of Other Fixtures

Swimming Pools:

1. Type: Square Footage

2. Pool Size: x

3. Must conform to National Electrical Code and State Law.

Zoning: District Street Frontage Req. Provided

Required Setbacks: Front Back Side Side

Review Required:

Zoning Board Approval: Yes No Date:

Planning Board Approval: Yes No Date:

Conditional Use: Variance Site Plan Sub-division

Shore and Floodplain Mgmt Special Exception

Other (Explain)

Date Approved

Permit Received By Deborah Goode AS AGENT FOR OWNER

Signature of Applicant [Signature] Date

Signature of CEO Date

Inspection Dates (10) H.D.

White-Tax Assessor Yellow-GPCOG White Tag-CEO © Copyright GPCOG 1987



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date October 19, 19 89
Receipt and Permit number 00860

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 539 Congress St.

OWNER'S NAME: Alpine Property Mgt. ADDRESS: 45 Exchange st.

		FEES
OUTLETS:		
Receptacles	<u>20</u>	
Switches	<u>7</u>	
Plugmold	<u>ft</u>	
TOTAL <u>27</u>		<u>3.00</u>
FIXTURES: (number of)		
Incandescent	<u>28</u>	
Flourescent	<u>28</u>	
(not strip) TOTAL <u>28</u>		<u>4.80</u>
Strip Flourescent <u>ft</u>		
SERVICES: adding sub panel to existing service		
Overhead	<u>X</u>	
Underground	<u>X</u>	
Temporary	<u>ft</u>	
TOTAL amperes <u>100</u>		<u>3.00</u>
METERS: (number of) <u>1</u>		<u>.50</u>
MOTORS: (number of)		
Fractional	<u>ft</u>	
1 HP or over	<u>ft</u>	
RESIDENTIAL HEATING:		
Oil or Gas (number of units)	<u>ft</u>	
Electric (number of rooms)	<u>ft</u>	
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler)	<u>ft</u>	
Oil or Gas (by separate units)	<u>ft</u>	
Electric Under 20 kws	<u>ft</u>	
Over 20 kws	<u>ft</u>	
APPLIANCES: (number of)		
Ranges	<u>ft</u>	
Cook Tops	<u>ft</u>	
Wall Ovens	<u>ft</u>	
Dryers	<u>ft</u>	
Fans	<u>ft</u>	
Water Heaters	<u>ft</u>	
Disposals	<u>ft</u>	
Dishwashers	<u>ft</u>	
Compactors	<u>ft</u>	
Others (denote)	<u>ft</u>	
TOTAL		
MISCELLANEOUS: (number of)		
Branch Panels	<u>ft</u>	
Transformers	<u>ft</u>	
Air Conditioners Central Unit	<u>ft</u>	
Separate Units (windows)	<u>ft</u>	
Signs 20 sq. ft. and under	<u>ft</u>	
Over 20 sq. ft.	<u>ft</u>	
Swimming Pools Above Ground	<u>ft</u>	
In Ground	<u>ft</u>	
Fire/Burglar Alarms Residential	<u>ft</u>	
Commercial	<u>ft</u>	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under	<u>ft</u>	
over 30 amps	<u>ft</u>	
Circus, Fairs, etc.	<u>ft</u>	
Alterations to wires	<u>ft</u>	
Repairs after fire	<u>ft</u>	
Emergency Lights, battery	<u>ft</u>	
Emergency Generators	<u>ft</u>	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
TOTAL AMOUNT DUE: 11.30

INSPECTION:

Will be ready on today, 19 89; or Will Call _____

CONTRACTOR'S NAME: Charles K. Place

ADDRESS: 166 Summit Street, Portland

TEL: 797-9954

MASTER LICENSE NO.: 10626

LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR: _____

Permit Number 00869
Location 533 West
Owner W. J. H. H. H. H.
Date of Permit 11/11/11
Final Inspection 11/11/11
By Inspector [Signature]
Permit Application Register Page No. 25

INSPECTIONS: Service Witten by K. Green
Service called in 11/15/85
Closing in 10/22/85 by Green

PROGRESS INSPECTIONS: _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

DATE:	REMARKS:
12/6/89	Final inspection needed - Contact Charles Place - 797 9954 to set appointment

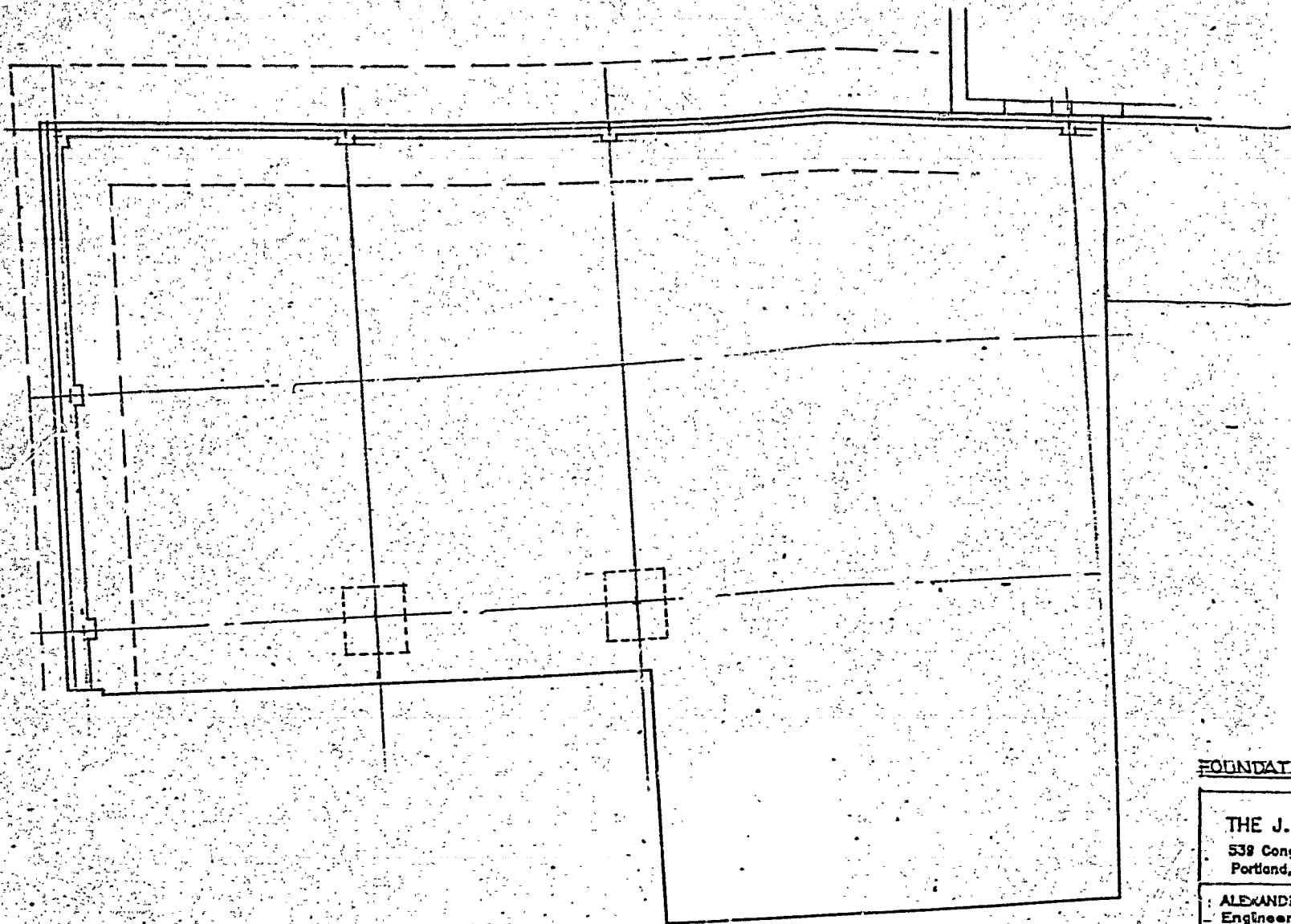
July 22, 1993

J.B. Brown Block
539 Congress Street
Portland, Maine

OPERATIONS TO BE CONDUCTED UNDER PRELIMINARY BUILDING
PERMIT

1. Provide barriers and fences for protection of public and building tenants
2. Remove asphalt paving, guard rails, and concrete retaining wall.
3. Excavate to approximate level of ground floor of new addition, to determine soil type, presence of ledge, and location and type of foundation under adjacent 1-story garage.
4. After necessary information is obtained, backfill as required to maintain stability of cuts and of adjacent building, or proceed with underpinning and construction of new foundation walls
5. If the project is not started after two months, the excavation will be backfilled to grades which do not present a hazard to the public.

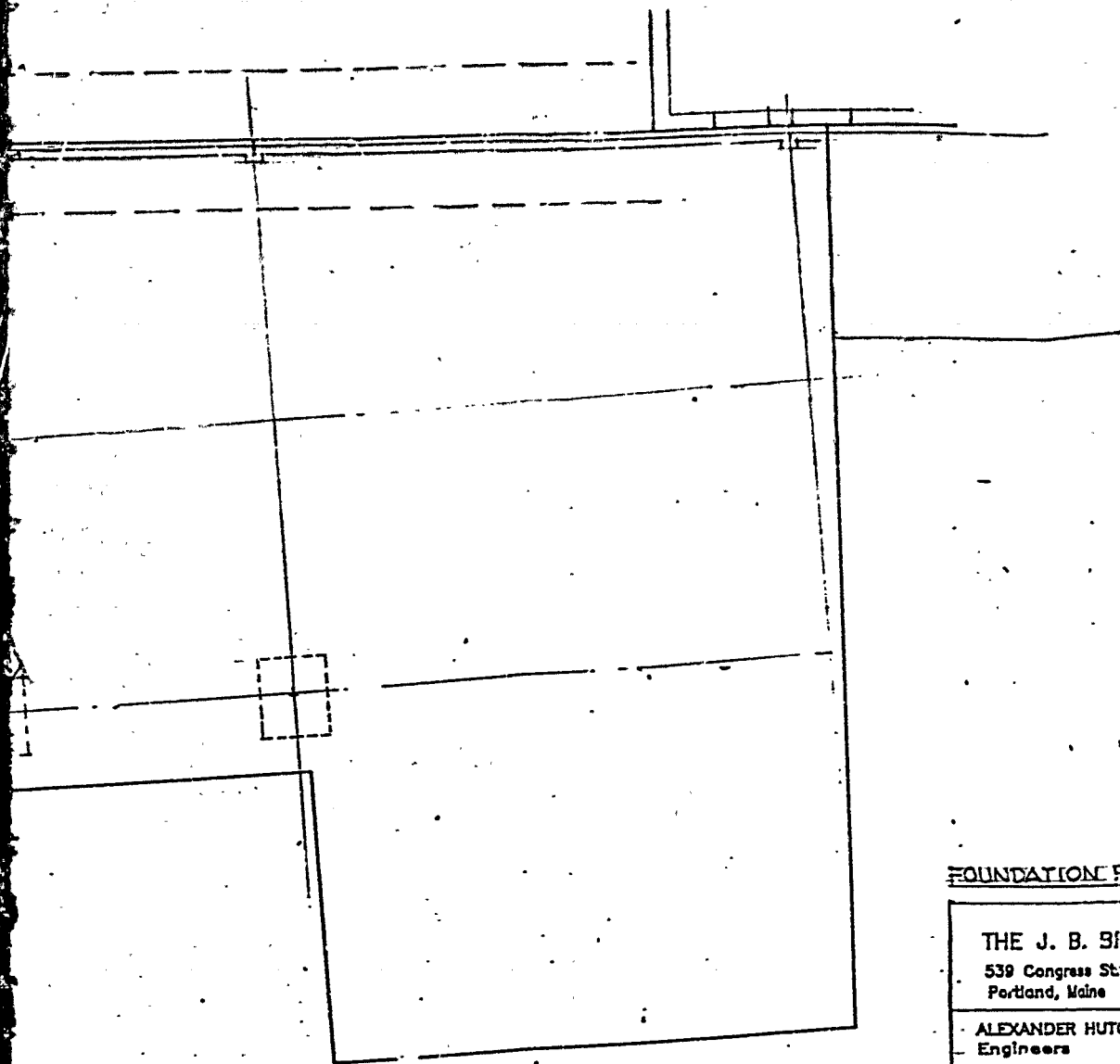




FOUNDATION PLAN

THE J. B. BROWN BLOCK
539 Congress Street
Portland, Maine

ALEXANDER HUTCHEON ASSOC.
Engineers
519 Congress St. Portland, Me.

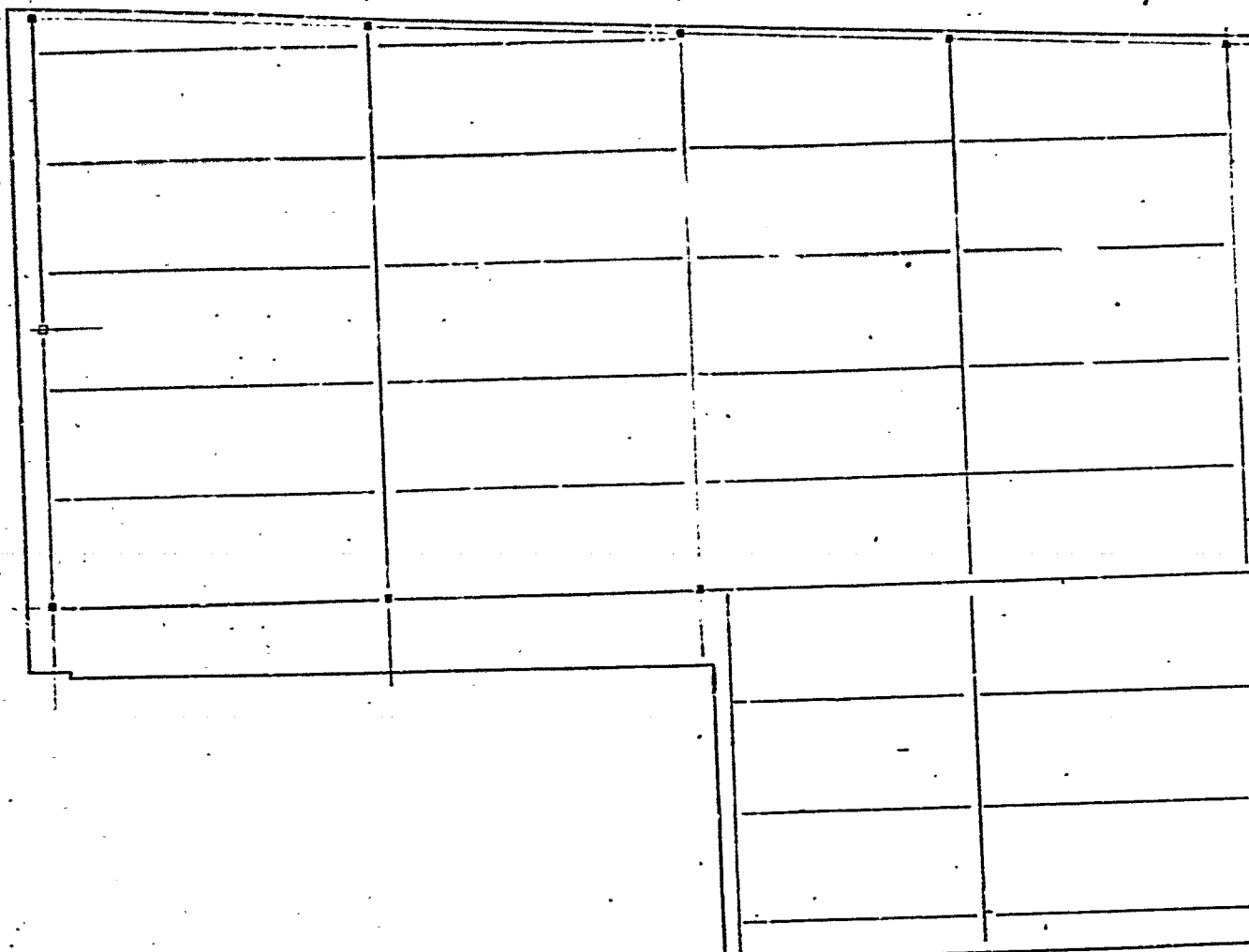


FOUNDATION PLAN

THE J. B. BROWN BLOCK
539 Congress Street
Portland, Maine

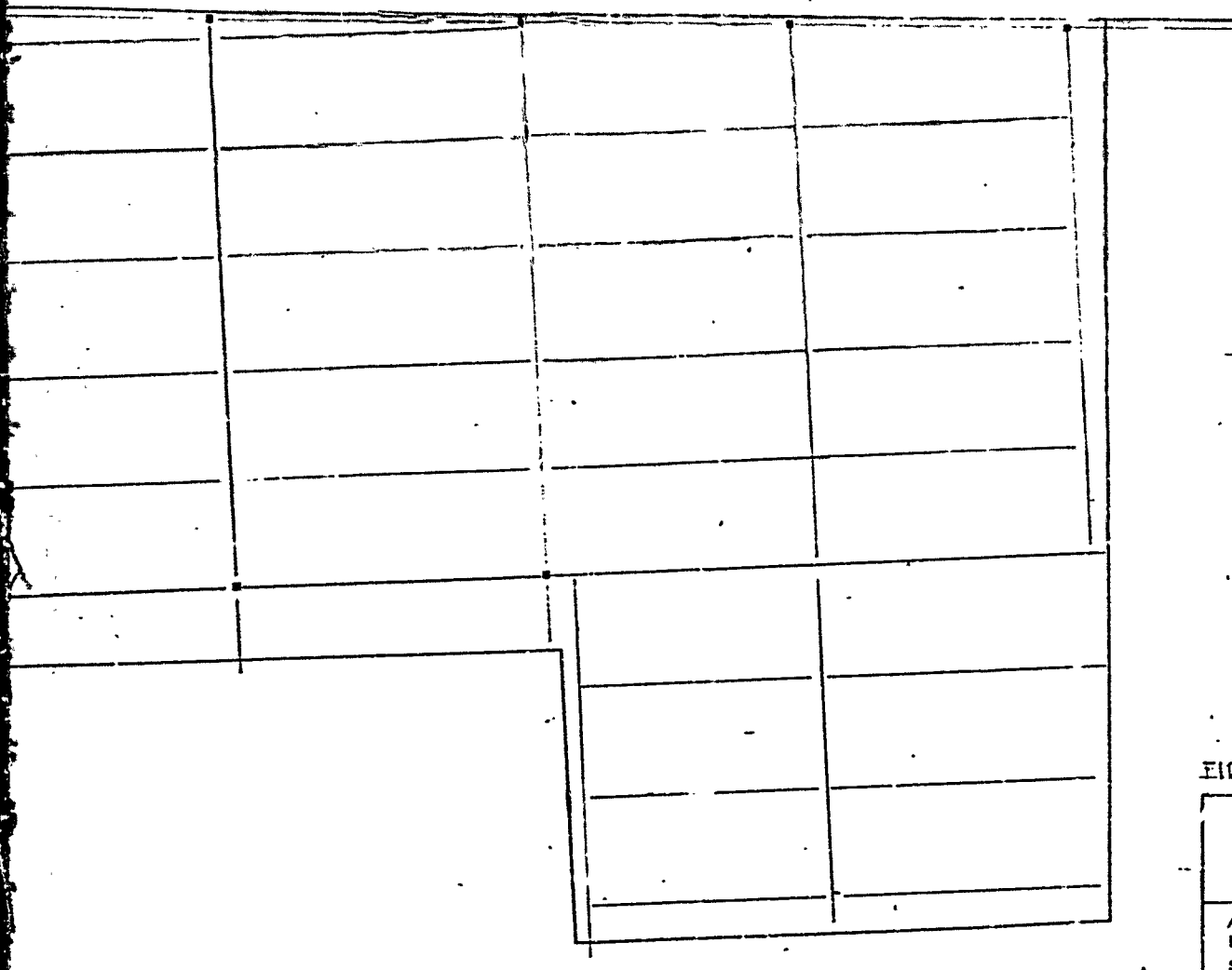
ALEXANDER HUTCHEON Assoc.
Engineers
519 Congress St. Portland, Me.

Date	July 24, 1922
Scale	1/8" = 1'-0"
Project	
Dwg. No.	



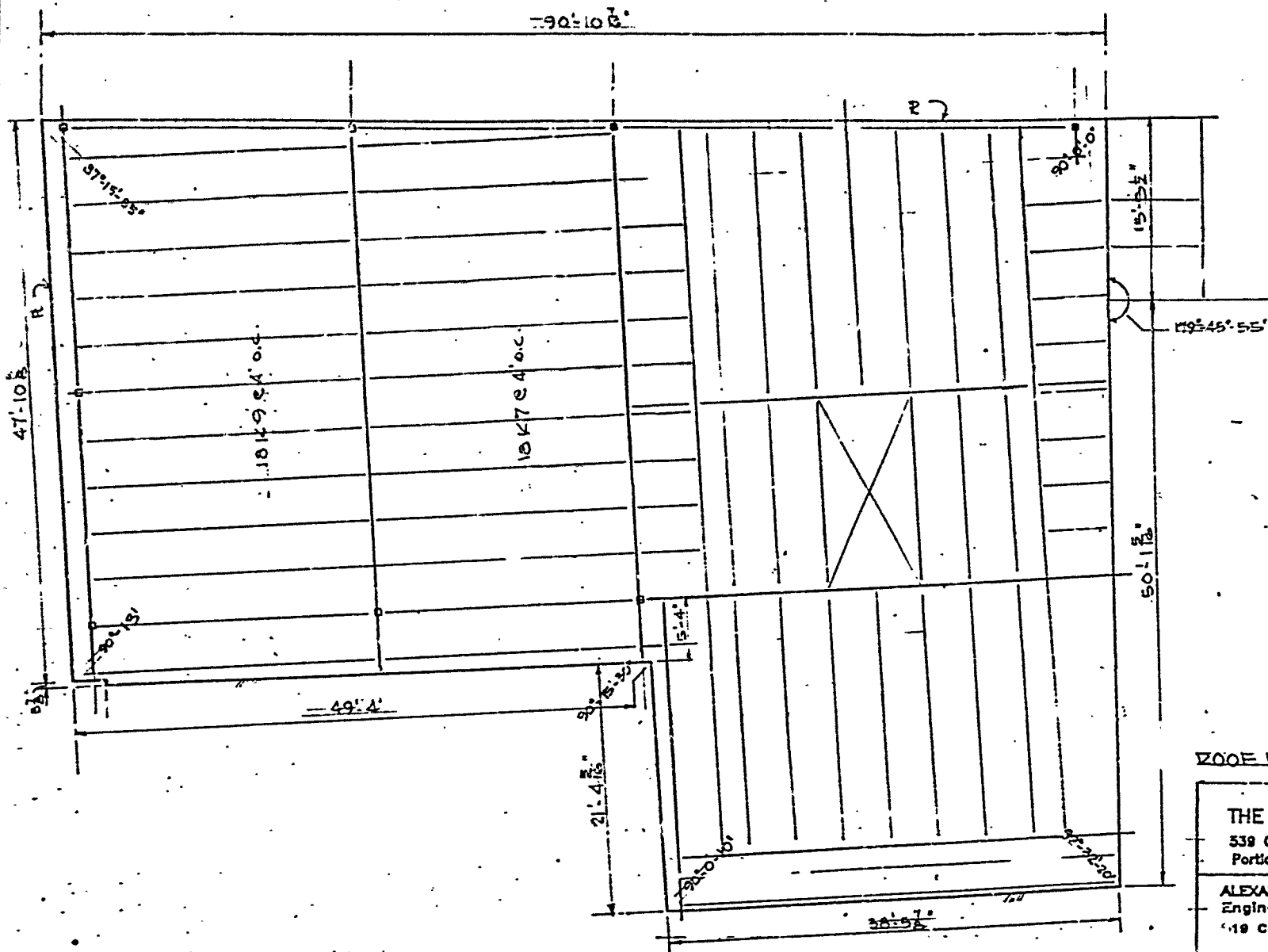
FIRST FLOOR FRAMING PLAN

THE J. B. BROWN BLOCK		Date
539 Congress Street		July 22, 1943
Portland, Me.		Scale
		1/8" = 1'-0"
		Project
ALEXANDER HUTCHESON ASSOC.		Dwg. No.
Engineers		
519 Congress St. Portland, Me.		



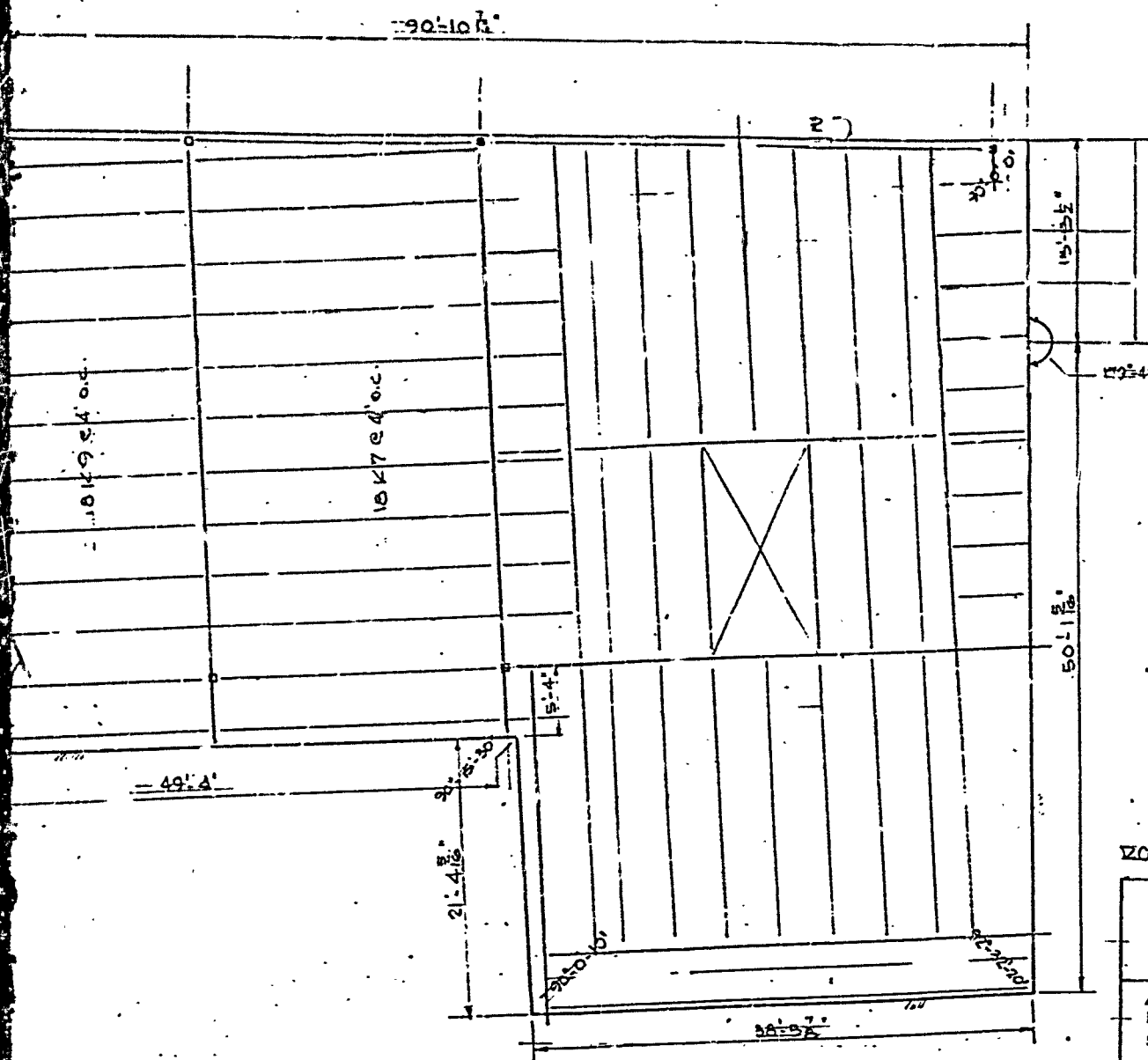
FIRST FLOOR FRAMING PLAN

THE J. B. BROY. BLOCK 539 Congress Street Portland, Me.	Date
	July 24, 1903
	Scale
	1/8" = 1'-0"
ALEXANDER HUTCHEON Assoc. Engineers 5.9 Congress St. Portland, Me.	Dwg. No.



ZOOE FRAMING PLAN

<p>THE J. B. BROWN BLOCK 539 Congress Street Portland, Maine</p>
<p>ALEXANDER HUTCHEON Assoc. Engineers 119 Congress St. Portland, Me.</p>



ZOOE EDAMING PLANS

THE J. B. BROWN BLOCK 532 Congress Street Portland, Maine	Date July 20, 1903
	Scale 1/2" = 1'-0"
ALEXANDER HUTCHEON Assoc. Engineers 519 Congress St. Portland, Me.	Dwg. No.

OFFICE OF STATE

317 State Street
State House Station #52
Augusta, ME 04333
(207) 289-FIRE
FAX (207) 289-5163



FIRE MARSHAL

September 24, 1993

U.S. Bankruptcy Court
General Services Administration
45 Exchange Street
Portland, ME 04101

RE: U.S. Bankruptcy Court, 539 Congress St., Portland, ME

Dear Sirs:

After reviewing your plans submitted to this office, I find they are in compliance with the existing requirements of the Life Safety Code and Barrier-Free Construction. They will be considered for approval on submission of complete plans and specifications. **CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.**

If I may be of further assistance to you in this matter, please do not hesitate to contact this office.

Yours for better fire protection,

Donna L. Emerson
Donna L. Emerson
Fire Protection Specialist

DLE/agp

Enclosure

REVIEWER: <u>DKE</u>		PLAN REVIEW SHEET	CONST. <input checked="" type="checkbox"/> SPRINKLER <input checked="" type="checkbox"/> HANDI-CAP <input checked="" type="checkbox"/>
PROJECT NAME: <u>U.S. Bankruptcy Court</u>		DATE: <u>9/22/93</u>	
<u>Portland</u>		<u>(sprinkled)</u>	
NO.	SHEET NO.	CODE VIOLATION	
1.	1	Provide panic hardware on exit doors serving assembly spaces	
2.	1	Garage - Provide J.F.A. pull station by exit doors	
3.	1	Garage I needs 2nd exit door (remote)	
4.	1	Garage - Need emergency lighting - either on generator or battery packs	
5.	2	Move emergency lights away from exit doors	
6.	2	Door to Judges Chambers - swing in direction of travel (assembly)	
7.	2	Check all HC bathrooms	
8.	2	Confirm ramps 1:12 & slope	
9.	2	Need strobes in all bathrooms	
10.	2.	Need 2nd area of rescue assistance	
11.	2	Provide 2 way comm. for A/R	
12.	2	Check HC maneuvering clearance	
13.	2	Hallways need to be HC accessible	
14.	3	Lift to be on generator	
15.	3	Need HC toilets	

REVIEWED
FOR
HANDICAPPED
COMPLIANCE

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE FIRE MARSHAL
AUGUSTA
CONSTRUCTION PERMIT



Permit No. 6212

PERMISSION IS HEREBY GIVEN TO:

HEGA REALTY TRUST
50 DIRIGO MANAGEMENT
45 EXCHANGE ST
PORTLAND, MAINE
04101

Location of project:

U.S. PROJECT TITLE:
BANKRUPTCY CT.

OCCUPANCY CLASSIFICATION:

BUSINESS &
ASSEMBLY

To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on MAY 3, 19 94.

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Dated the 4TH day of NOVEMBER A.D. 19 93

FEE \$ 200.-/200.-
HC

John R. Côté
Commissioner - Public Safety

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

Location of Construction:		Owner:		Phone:	
539 Congress St		Hamstead Hospital/Dirigo Mt		871-1080	
Owner Address:		Lease/Buyer's Name:		Business Name:	
45 Exchange St					
Contractor Name:		Address:		Phone:	
R. P. Morrison Builders		158 Chute, Windham, ME		892-9418	
Past Use:		Proposed Use:		COST OF WORK:	
Office		bagel/coffee shop		\$1,500.00	
Proposed Project Description:		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
Change of use		Signature: <i>APM</i>		Signature: <i>APM</i>	
Alterations as per plans		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Use Group: <i>34</i>	
Permit Taken By: Victoria A. Dover		Date Applied For: December 15, 1995		Signature: <i>APM</i> Date: <i>12/15/95</i>	
1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.		Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Special Zone or Reviews: <input checked="" type="checkbox"/> Wetland <input checked="" type="checkbox"/> Flood Zone <input checked="" type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> minor <input type="checkbox"/> mm	
2. Building permits do not include plumbing, septic or electrical work.		Approved with Conditions: <input checked="" type="checkbox"/>		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.		Signature: <i>APM</i> Date: <i>12/15/95</i>		Historic Preservation: <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
CERTIFICATION		I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall exercise the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.		Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
SIGNATURE OF APPLICANT: <i>R. P. Morrison</i>		ADDRESS: 158 Chute, Windham, ME 04062		DATE: 12/15/95	
PHONE: 892-9418		PHONE: 892-9418		PHONE: 892-9418	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector		CEO DISTRICT <i>5</i>	

PERMIT ISSUED
WITH LETTER

Permit No: 951325
PERMIT ISSUED
DEC 22 1995
CITY OF PORTLAND

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

Location of Construction: 539 Congress St		Owner: Hampstead Hospital/Dirigo Mgt	Phone: 871-1080	Permit No: 951325
Owner Address: 45 Exchange St		Lease/Buyer's Name:	Phone:	Business Name:
Contractor Name: R. P. Morrison Builders		Address: 158 Chute, Windham, ME		Phone: 892-9418
Past Use: Office	Proposed Use: bagel/coffee shop	COST OF WORK: \$1,500.00	PERMIT FEE: \$5.00	PERMIT ISSUED DEC 22 1995 CITY OF PORTLAND
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 3A Signature: <i>[Signature]</i>	
Proposed Project Description: Change of use Alterations as per plans		PEDESTRIAN ACTIVITIES DISTRICT (300 D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: <i>[Date]</i>		
Permit Taken By: Victoria A. Dover		Date Applied For: December 15, 1995		
1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..				
PERMIT ISSUED WITH LETTER				
CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				
158 Chute, Windham, ME 04062 12/15/95 892-9418				
SIGNATURE OF APPLICANT: R. P. Morrison Bldrs		ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:		
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				
				Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Historic Preservation <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>[Date]</i> CEC DISTRICT 5 <i>[Signature]</i>

COMMENTS

1/19/16 Renovations under way.
Inspected WIP.

1/19/16 Re-final inspection completed & OK
to occupy checked all food service
equipment & hooks. JK MUG

Inspection Record

Type	Date
Foundation:	
Framing:	
Plumbing:	
Final:	
Other:	

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 21, 1995

R. P. Morrison Builders
158 Chute Road
Windham, Maine 04062

RE: 539 Congress Street
Portland, Maine

Dear Sir,

Your application to change of use from office to bagel/coffee shop has been reviewed and a permit is herewith issued subject to the requirements listed below. This permit does not excuse the applicant from meeting applicable State and Federal laws.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

Building and Fire Code Requirements

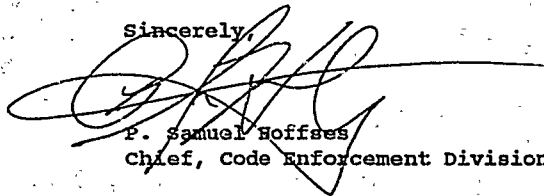
1. The fire alarm system shall be maintained to NFPA 72 Standards.
2. The sprinkler system shall be maintained to NFPA 13 Standards.
3. All signage and exterior changes must be reviewed through the Planning Division.
4. All food service equipment must be of an approved type and installed in an approved manner.
5. Kitchen exhaust equipment must be installed as per Chapter 5 of the City's Mechanical code (The BOCA National Mechanical Code/1993).
6. A hand wash sink must be located within 10' of the food preparation area.
7. Guardrail and Handrails-A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.

8. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10m Section and Subsections 1023.1024. of the City's Building Code. (The BOCA National Building Code/1993)

9. A portable fire extinguisher shall be located as per NFPA 10. They shall bear the label of an approved agency and be on an approved type.

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

Sincerely,



P. Samuel Hoffses
Chief, Code Enforcement Division

cc: Lt. McDougall, PFD
D. Andrews, Sr. Plan.

BUILDING PERMIT REPORT

DATE: 1/16/97 ADDRESS: 539 Congress St
REASON FOR PERMIT: renovations
BUILDING OWNER: Clark House
CONTRACTOR: Nichols, N. J.
PERMIT APPLICANT: 1. 4 APPROVAL: *15*16*17*18*19
DENIED: *24*25*26

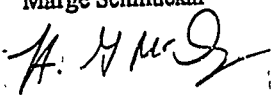
CONDITION OF APPROVAL ~~GENERAL~~

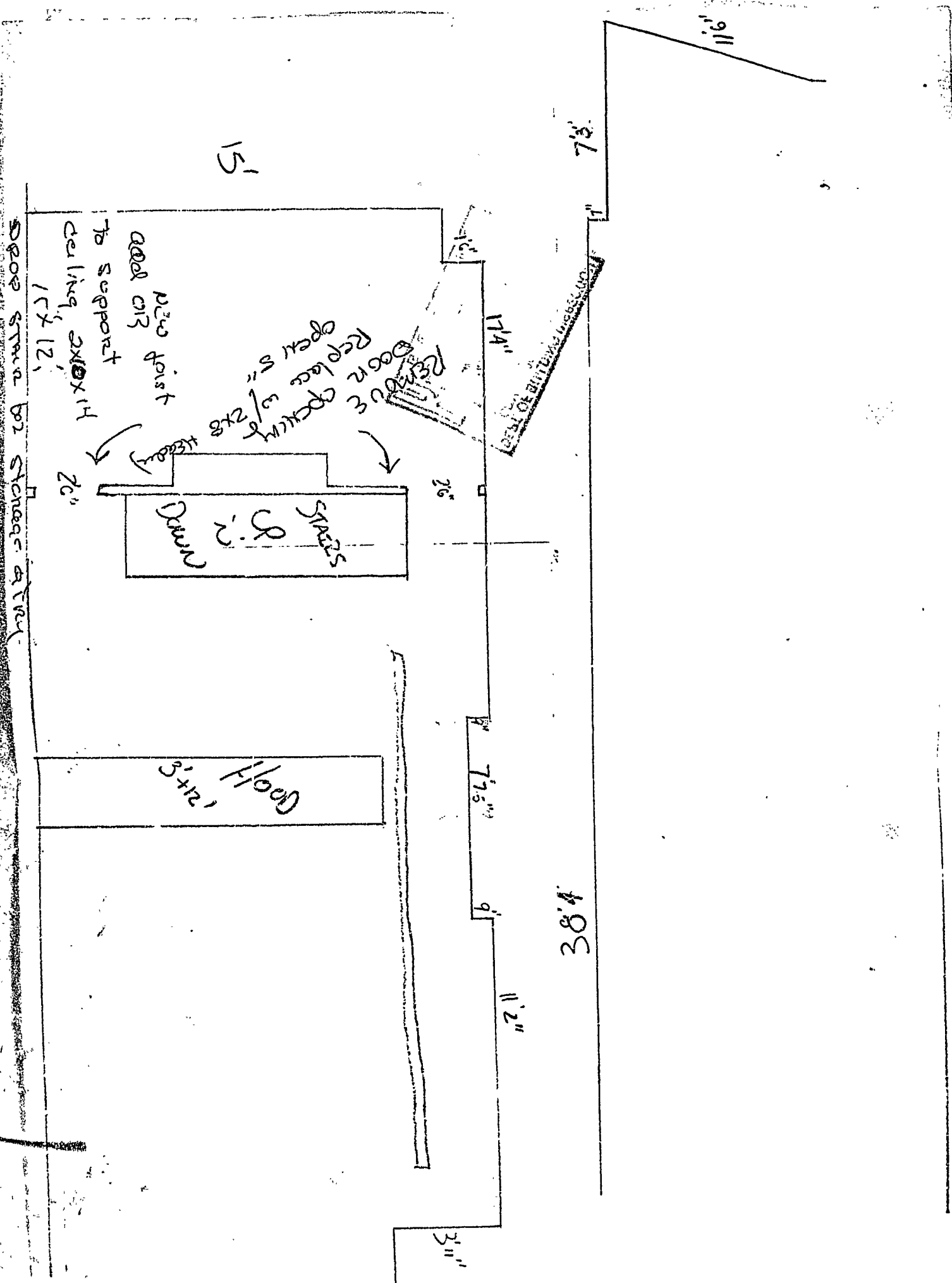
1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
2. Before concrete for foundation is placed, approvals from the Development Review coordinator and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
3. Precaution must be taken to protect concrete from freezing.
4. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
5. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage means of 1/2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4 Section 407.0 of the BOCA/1996)
6. Guardrail & Handrails A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
7. Headroom in habitable space is a minimum of 7'6".
8. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use group minimum 11" tread, 7" maximum rise.
9. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
10. Every sleeping room below the fourth story in buildings of use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. ft.
11. Each apartment shall have access to two (20 separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
12. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self closer's.
13. The boiler shall be protected by enclosing with (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
14. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's building code Chapter 9, Section 19, 920.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
 - In the immediate vicinity of bedrooms
 - In all bedrooms
 - In each story within a dwelling unit, including basementsIn addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required)

15. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
16. The Fire Alarm System shall be maintained to NFPA #72 Standard.
17. The Sprinkler System shall maintained to NFPA #13 Standard.
18. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. Of the City's building code. (The BOCA National Building Code/1996)
19. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued or demolition permit is granted.
20. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
21. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
22. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's office.
23. Ventilation shall meet the requirements of Chapter 12 Sections 1210. of the City's Building Code.
24. All devices in connection with the preparation of food shall be of an approved type and shall be installed in an approved manner.
25. Any extension or alterations including signage is subject to separate Historic Preservation Review.
26. This permit is being issued with the understanding that the new joint system is for ceiling loads only - If different, you must submit a detail of the proposed work.


P. Samuel Hoffses, Chief of Code Enforcement

cc: Lt. McDougall, PFD
Marge Schmuckal





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

Location of Construction: 549 Congress St		Owner: MEGA Realty		Phone:		Permit No: 970780	
Owner Address: 549 Congress St		Lessee/Buyer's Name: Maine Army National Guard		Phone: *		Business Name: *	
Contractor Name: MEGA Realty		Address:		Phone:		<div style="border: 1px solid black; padding: 5px;"> PERMIT ISSUED Permit Issued: JUL 23 1997 CITY OF PORTLAND </div>	
Past Use:		Proposed Use:		COST OF WORK: \$		PERMIT FEES: \$	
Proposed Project Description: new sign + awning		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <input checked="" type="checkbox"/> Use Group: Type:		Zone: CBL:	
		Signature: [Signature]		Signature:		Zoning Approval: OK with reduction	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major minor	
Permit Taken By: [Signature]		Date Applied For: 7-16-97					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

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

SIGNATURE OF APPLICANT: **[Signature]** ADDRESS: **549 Congress St** DATE: **7-16-97** PHONE: **780 9951**

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **2**
A Rose

COMMENTS

1/6/98 / OK all

Inspection Record

Type

Foundation: _____
Framing: _____
Plumbing: _____
Final: _____
Other: _____

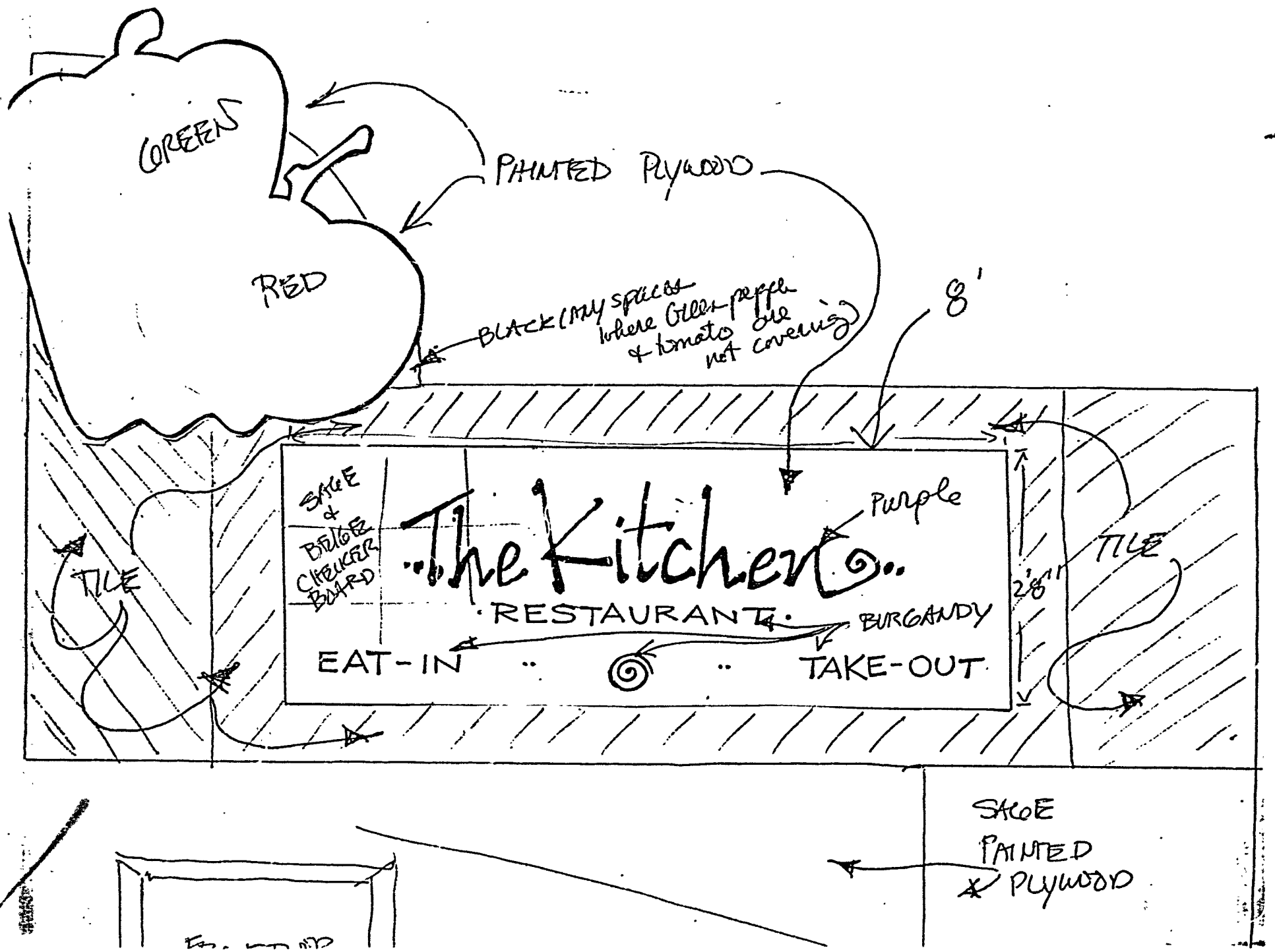
City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8711

Location of Construction: 539 Congress St.		Owner: Antonie Trusiani	Phone: 781-4494	Permit No: 970162
Owner Address: 539 Congress St., Falmouth Foreside		Lessee/Buyer's Name: The Kitchen/Christos Zoulanis	Business Name: 775-0833	
Factor Name:		Address:		PERMIT ISSUED MAR - 4 1997 CITY OF PORTLAND 31-C-2 3/3/97
Past Use: Restaurant	Proposed Use: Same w/signage	COST OF WORK: \$	PERMIT FEE: \$30.20	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: Erect signage as per attached (#2 signs - 8' x 2'8" and 2' dia)		Signature: _____ PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Permit Taken By: Vicki Cover		Date Applied For: 2/26/97		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..				
Call 775-0833 for P/O				
CERTIFICATION I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				
SIGNATURE OF APPLICANT: Greg Zoulanis		ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:	
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				
Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: 3/3/97 A. R. C.				

COMMENTS

3/14-97 Signage is up / no lights yet / 5-2-97 same

Inspection Record		Date
Type		
Foundation:		
Framing:		
Plumbing:		
Final:		
Other:		





- 1) DIMENSION - 2'-0" DIAMETER
- 2) MATERIAL - PLYWOOD PAINTED
- 3) ILLUMINATION - NONE
- 4) ATTACHMENT TO BUILDING - BRACKET & CHAIN

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/14/97

PRODUCER

TURNER BARKER INSURANCE

ONE INDIA ST
PORTLAND

ME 04101

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A

YORK INSURANCE GROUP.

COMPANY B

COMPANY C

COMPANY D

INSURED

THE KITCHEN
BRUNSWICK HOUSE OF PIZZA INC
4 PLEASANT STREET
BRUNSWICK

ME 04011

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	BUSM905159	1/15/97	6/06/97	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PRODUCTS - COMP/OP AGG \$1,000,000
	<input type="checkbox"/> OWNERS & CONTRACTOR'S PROT				PERSONAL & ADV INJURY \$1,000,000
					EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
	EXCESS LIABILITY				
	<input type="checkbox"/> UMBRELLA FORM				W/C STATUTORY LIMITS \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT \$
	OTHER				EL DISEASE-EA EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: SIGN AT 593 CONGRESS ST., PORTLAND, ME

CERTIFICATE HOLDER

CITY OF PORTLAND
CITY HALL
389 CONGRESS ST
PORTLAND ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL endeavor to MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAME OF THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Barbara Ladd

ACORD CORPORATION 1988

ACORD 25-S (1/95)

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

TURNER BARKER INSURANCE

ONE INDIA ST
PORTLAND

ME 04101

DATE (MM/DD/YY)

02/14/97

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COMPANIES AFFORDING COVERAGE

COMPANY

A

YORK INSURANCE GROUP

COMPANY

B

COMPANY

C

COMPANY

D

INSURED

THE KITCHEN
BRUNSWICK HOUSE OF PIZZA INC
4 PLEASANT STREET
BRUNSWICK

ME 04011

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	BUSM905159	1/15/97	6/06/97	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM. OP AGG. \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: SIGN AT 593 CONGRESS ST., PORTLAND, ME

CERTIFICATE HOLDER

CITY OF PORTLAND
CITY HALL
389 CONGRESS ST
PORTLAND ME 04101

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AUTHORIZED REPRESENTATIVE

Barbara Ladd

Barbara Ladd

ACORD 25-S (1/95)

ACORD CORPORATION 1988

Clark House
Annamarie Trusiani
General Manager
4 Brown Street
Falmouth Foreside, Maine 04105
(207) 781-4494

2/13/97

To Whom It May Concern:

The Kitchen restaurant, Zolner's
family, have my permission
to hang a sign on the front
of the building.

Sincerely,
Annamarie Trusiani
Gen. Manager