

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

961001

Location of Construction: 511 Congress St - 7th flr		Owner: Boulos Property Mgt		Phone: 371-1290	
Owner Address: Two City Ctr- Portland ME		Leasee/Buyer's Name:		Phone:	
Contractor Name: R P Harrison Builders, Inc		Address: 270 Roosevelt Rd - Windham ME 04092		Phone: 04062	
Past Use: office space		Proposed Use: office - intr renovations		COST OF WORK: \$ 54,000	
				PERMIT FEE: \$ 290	
Proposed Project Description: make interior renovations		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type 2R	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
Permit Taken By: L Chase		Date Applied For: 10/1/96			

Permit No:
PERMIT ISSUED
Permit Issued:
OCT - 9 1996
CITY OF PORTLAND

Zone: CBL: 37-D-002
Zoning Approval:
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
Date: _____

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 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 ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **2**

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

Location of Construction: 511 Congress St - 7th flr		Owner: Boulos Property Mgt		Phone: 871-1290	
Owner Address: Two City Ctr- Ptld ME		Leasee/Buyer's Name:		Phone: BusinessName:	
Contractor Name: R P Morrison Blders, Inc		Address: 270 Rooseveltd Trl- Windham		Phone: ME 04062	
Past Use: office space		Proposed Use: office - intr rnvtns		COST OF WORK: \$ 54,000	
				PERMIT FEE: \$ 290	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group B Type: 2B	
				Signature: <i>[Signature]</i> Date: <i>[Signature]</i>	
Proposed Project Description: make interior renovations		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: L Chase		Date Applied For: 10/1/96			

Permit No: **961001**
PERMIT ISSUED
 Permit Issued:
OCT - 9 1996
CITY OF PORTLAND

Zone: **B3** CBL:
 Zoning Approval:
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: 10/3/96
[Signature]

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..

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

[Signature]
 SIGNATURE OF APPLICANT ADDRESS: _____ DATE: 10-1-96 PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **2**
[Signature]

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
Street Subdivision Lot #: 511 CONGRESS STREET

PROPERTY OWNERS NAME

OCTOBER CORP. (MAINE INT. TRADE)
Last: _____ First: TENANT

Applicant Name: AIRTEMP INC.

Mailing Address of Owner/Applicant (If Different): 11 WALLACE AVE. PORTLAND, ME 04106

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: _____ Date: 11/17/96

PORTLAND PERMIT # 5921 STATE COPY

Date Permit Issued: 11 5 96 \$ 32.10.10 # Double Fee Charged

L.P.I. # 0.1.2.4

Local Plumbing Inspector Signature

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: _____ Date Approved: 1-3-97

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>OFFICE</u>	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>06018</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1		
	Number	Type of Fixture	Number	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 / Sillcock	—	Bathtub (and Shower)	
	—	Floor Drain	—	Shower (Separate)	
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Urinal	1	Sink	
	—	Drinking Fountain	3	Wash Basin	
Number of Hook-Ups & Relocations	—	Indirect Waste	3	Water Closet (Toilet)	
	—	Water Treatment Softener, Filter, etc.	—	Clothes Washer	
Hook-Up & Relocation Fee	—	Grease / Oil Separator	—	Dish Washer	
	—	Dental Cuspidor	—	Garbage Disposal	
OR TRANSFER FEE [\$6.00]	—	Bidet	—	Laundry Tub	
	—	Other: _____	—	Water Heater	
		1	Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				8	Total Fixtures
				\$ 32	Fixture Fee
				\$ —	Transfer Fee
				\$ —	Hook-Up & Relocation Fee
				\$ 32	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

BUILDING PERMIT REPORT

DATE: 10/2/94 ADDRESS: 511 Congress St 7th

REASON FOR PERMIT: renovations

BUILDING OWNER: Catchberke J

CONTRACTOR: Boulos

PERMIT APPLICANT: — APPROVAL:

DENIED:

CONDITION OF APPROVAL OR DENIAL

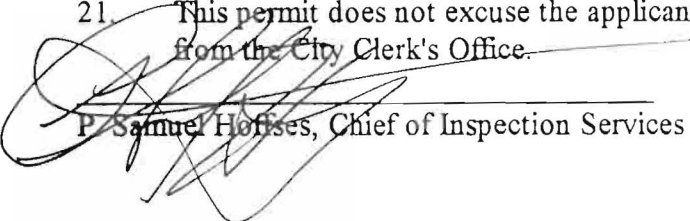
1. Before concrete for foundation is placed, approvals from the Development Review coordinator and Inspection Services must be obtained. (A24 hour notice is required prior to inspection)
2. Precaution must be taken to protect concrete from freezing.
3. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
4. 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)
5. 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.
6. Headroom in habitable space is a minimum of 7'6".
7. 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.
8. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
9. 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. feet.

10. Each apartment shall have access to two (2) 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.
11. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with selfclosers.
12. The boiler shall be protected by enclosing with on (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
13. 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, 919.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
 1. In the immediate vicinity of bedrooms
 2. In all bedrooms
 3. In each story within a swelling unit, including basements

In 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)

14. 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.
15. The Fire Alarm System shall be maintained to NFPA #72 Standard.
16. The Sprinkler System shall maintained to NFPA #13 Standard.
17. 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)
18. 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.
19. 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".
20. 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 of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
21. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's Office.


P. Samuel Hoffses, Chief of Inspection Services

c.c. Lt. McDougall P. F. D.

ELECTRICAL PERMIT

City of Portland, Me.



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 City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date 24 September 1996
 Permit # 17032

LOCATION: 511 Congress St

OWNER October Corp ADDRESS 2nd, 3rd, 4th floors, & basement

							TOTAL	EACH FEE	
OUTLETS									
	Receptacles	220	Switches	60	Smoke Detector		280	.20	56.00
FIXTURES	(number of)		incandescent	fluorescent			74	.20	14.80
	fluorescent strip							.20	
SERVICES									
	Overhead				TTL AMPSTO	800		15.00	
	Underground					800		15.00	
TEMPORARY SERV.									
	Overhead				AMPS OVER	800		25.00	
	Underground					800		25.00	
METERS	(number of)							1.00	
MOTORS	(number of)							2.00	
RESID/COM	Electric units							1.00	
HEATING	oil/gas units							5.00	
APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00	
	Water heaters		Fans		Dryers			2.00	
Disposals	Dishwasher		Compactors		Others (denote)			2.00	
MISC. (number of)	Air Cond/win							3.00	
	Air Cond/cent							10.00	
	Signs							5.00	
	Pools							10.00	
	Alarms/res							5.00	
	Alarms/com							15.00	
	Heavy Duty							2.00	
	Outlets								
	Circus/Carnv							25.00	
	Alterations							5.00	
	Fire Repairs							15.00	
	E Lights							1.00	
	E Generators							20.00	
	Panels						3	4.00	12.00
TRANSFORMER	0-25 Kva							5.00	
	25-200 Kva						3	8.00	24.00
	Over 200 Kva							10.00	
TOTAL AMOUNT DUE									
MINIMUM FEE/COMMERCIAL 35.00									
MINIMUM FEE							25.00		106.80

INSPECTION: Will be ready _____ or will call XXXXXXXXXX

CONTRACTORS NAME Seabee Electric
 ADDRESS 200 Anderson St
 TELEPHONE 774-4880
 MASTER LICENSE No. 17032
 LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	511 CONGRESS STREET

PROPERTY OWNERS NAME

OCTOBER CORPORATION, 477 CONGRESS ST.
Last: First:

Applicant Name:	KELLEY MECHANICAL
Mailing Address of Owner/Applicant (If Different)	P.O. BOX 1310 WESTBROOK, ME 04098-1310

PORTLAND 5887 TOWN COPY

Date Permit Issued: 10/13/96 \$ 68 FEE Double Fee Charged

L.P.I. # 0124

[Signature]
Local Plumbing Inspector Signature

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] 10-08-96
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] 2-25-97
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type Of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>OFFICE BUILDING</u></p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>099009024</u></p>
--	--	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	4	Shower (Separate)
OR		Urinal	6	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	6	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet	14	Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	17	Fixtures (Subtotal) Column 1
		0	Fixtures (Subtotal) Column 2	
		17	Total Fixtures	
		\$ 68	Fixture Fee	
		\$ 0	Transfer Fee	
		\$ 0.	Hook-Up & Relocation Fee	
		\$ 68.	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL INSTALLATIONS

Permit Number
Location
Owner
Date of Permit
Final Inspection
By Inspector

INSPECTION: *Service*

Service called in _____ by _____
Closing-in *10/30/96* by *[Signature]*

PROGRESS INSPECTIONS:

<i>10/30/96</i>	<i>Closing</i>	_____	_____
<i>1/2/97</i>	<i>(Final)</i>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS:

*A Ratio of 11kV being not correct
(2 helpers / unbroken)
97 (condition on C/O)*

ELECTRICAL INSTALLATIONS—

INSPECTION: Service _____ by _____
 Service called in _____
 Closing-in 10/8/96 by [Signature]

Permit Number 17032
 Location 511 Commercial St.
 Owner Deborah Gray
 Date of Permit 9/29/96
 Final Inspection 11/14/96
 By Inspector [Signature]

PROGRESS INSPECTIONS: 10/8/96 Closing
 _____ | (4th, 3rd Fl.)
10/16/96 2nd Floor
11/14/96 (Final)
 _____ | _____
 _____ | _____

DATE:	REMARKS:
<u>10/8/96</u>	<u>many existing violations, will address them with letter to Butler Co.</u>
<u>10/14/96</u> ↓	<u>closing</u> work in Denjoy area 2nd floor to be relocated <u>OK</u>

Butler Magt. Co
 477 Commercial St.
 ? Paul [Signature]