

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8705

037-H-013

961085

Location of Construction: 504 Congress St		Owner: Michael Kaplan		Phone:	
Owner Address: 504 Congress St- Ptld ME		Leasee/Buyer's Name: 04103		Phone:	
Contractor Name: Sign Solutions		Address: 75 Bishop St- Ptld ME 04103		Phone: 878-8000	
Past Use:		Proposed Use: theater-cafe w four signs		COST OF WORK: \$	
				PERMIT FEE: \$ 68.20	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
				Signature: Signature:	
Proposed Project Description: erect four signs - 14'x4' 14'x3' 10'x3' 220'x3 & 14'x2')		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)			
		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>			
		Signature: Date:			
Permit Taken By: L Chase		Date Applied For: 9/25/95			

Permit No: 961085

**PERMIT ISSUED**

Permit Issued:  
OCT 30 1996

**CITY OF PORTLAND**

Zone: CBL:

Zoning Approval:

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan  major  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 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

SIGNATURE OF APPLICANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT

2

Location of Construction: 504 Congress St		Owner: Michael Kaplan		Phone:		Permit No: <b>961085</b> <b>PERMIT ISSUED</b> Permit Issued: <b>OCT 30 1996</b> <b>CITY OF PORTLAND</b> Zone: <b>B3</b> CBL: <b>37-H-13</b> Zoning Approval: <b>OK permit approved</b> 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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> <b>us 10/28/96</b>		
Owner Address: 504 Congress St- Ptld ME		Leasee/Buyer's Name: 04103		Phone:			BusinessName:	
Contractor Name: Sign Solutions		Address: 75 Bishop St- Ptld ME 04103		Phone: 878-8000			COST OF WORK: \$	
Past Use:		Proposed Use: theater-cafe w four signs		PERMIT FEE: \$ 68.20			INSPECTION: Use Group: Type:	
Proposed Project Description:  erect four signs - 14'x4 14'x3' 10'x3' (20'x3 & 14'x2')				Signature:		Signature:		
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Action:		
				Approved		<input type="checkbox"/>		
				Approved with Conditions:		<input type="checkbox"/>		
				Denied		<input type="checkbox"/>		
Permit Taken By: L Chase				Date Applied For: 9/25/96		Signature: <i>K Wagner</i> Date: <i>10/28/96</i>		

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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

*Michael Kaplan* 9/25/96  
SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT **2**  
*A. Bone*





**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number \_\_\_\_\_

Michael D. Kaplan

August 2, 1996

Applicant \_\_\_\_\_

Application Date \_\_\_\_\_

66 Austin St., Portland 04103-4515

Project Name/Description \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Douglas Richmond Arch., Brunswick ME

504 Congress Street

Consultant/Agent \_\_\_\_\_

Address of Proposed Site \_\_\_\_\_

729-0989

37-H-13

Applicant or Agent Daytime Telephone, Fax \_\_\_\_\_

Assessor's Reference: Chart-Block-Lot \_\_\_\_\_

Proposed Development (check all that apply):  New Building  Building Addition  Change of Use  Residential  
 Office  Retail  Manufacturing  Warehouse/Distribution  Other (specify) \_\_\_\_\_

Proposed Building Square Feet or # of Units 14,186 sq ft Acreage of Site \_\_\_\_\_ Zoning B-3

**Check Review Required:**

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review            | <input type="checkbox"/> 14-403 Streets Review   |
| <input type="checkbox"/> Flood Hazard                       | <input type="checkbox"/> Shoreland                   | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB)    | <input type="checkbox"/> Zoning Variance             | <input type="checkbox"/> Single-Family Minor   | <input type="checkbox"/> Other _____             |

Fees paid: site plan \$300.00 subdivision \_\_\_\_\_

**Approval Status:**

Reviewer Marge Schmechel

- Approved  Approved w/Conditions listed below  Denied

- Separate permits required for signage
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Approval Date 9/3/96 Approval Expiration \_\_\_\_\_ date Extension to \_\_\_\_\_ date  Additional Sheets Attached

Condition Compliance \_\_\_\_\_ signature \_\_\_\_\_ date

Performance Guarantee  Required\*  Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

- |   |                      |                         |                       |
|---|----------------------|-------------------------|-----------------------|
| <input type="checkbox"/> Performance Guarantee Accepted | _____ date           | _____ amount            | _____ expiration date |
| <input type="checkbox"/> Inspection Fee Paid            | _____ date           | _____ amount            |                       |
| Performance Guarantee Reduced                           | _____ date           | _____ remaining balance | _____ signature       |
| Performance Guarantee Released                          | _____ date           | _____ signature         |                       |
| Defect Guarantee Submitted                              | _____ submitted date | _____ amount            | _____ expiration date |
| Defect Guarantee Released                               | _____ date           | _____ signature         |                       |

Address: 504 Congress Street





**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number \_\_\_\_\_

*Michael D. Laplan*

*August 2, 1996*

Applicant \_\_\_\_\_

Application Date \_\_\_\_\_

Applicant's Mailing Address  
*66 Austin St., Portland ME 04103-4513*

Project Name/Description \_\_\_\_\_

Consultant/Agent  
*Douglas Richmond Arch., Brunswick ME  
729-0989*

Address of Proposed Site  
*506 Congress Street*

Applicant or Agent Daytime Telephone, Fax \_\_\_\_\_

Assessor's Reference: Chart-Block-Lot \_\_\_\_\_

Proposed Development (check all that apply):  
 New Building    Building Addition    Change of Use    Residential  
 Office    Retail    Manufacturing    Warehouse/Distribution    Other (specify) \_\_\_\_\_

Proposed Building Square Feet or # of Units   14,188 sq ft   Acreage of Site   5-3   Zoning

**Check Review Required:**

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input checked="" type="checkbox"/> PAD Review | <input type="checkbox"/> 14-403 Streets Review   |
| <input type="checkbox"/> Flood Hazard                       | <input type="checkbox"/> Shoreland                   | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB)    | <input type="checkbox"/> Zoning Variance             | <input type="checkbox"/> Single-Family Minor   | <input type="checkbox"/> Other _____             |

Fees paid:   site plan \$300.00   subdivision \_\_\_\_\_

**Approval Status:**

Reviewer Ray Wagenknecht-Harte

- Approved    Approved w/Conditions listed below    Denied

- Typeface and final sign to be approved by City staff.
- Sand paint color to be approved by City staff.
- Windows New signs <sup>on rear</sup> to be approved by City staff.
- \_\_\_\_\_

Approval Date 8/12/96   Approval Expiration \_\_\_\_\_ date   Extension to \_\_\_\_\_ date    Additional Sheets Attached

Condition Compliance \_\_\_\_\_ signature \_\_\_\_\_ date

Performance Guarantee    Required\*    Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

- |   |                      |                         |                       |
|---|----------------------|-------------------------|-----------------------|
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| <input type="checkbox"/> Inspection Fee Paid            | _____ date           | _____ amount            |                       |
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| Performance Guarantee Released                          | _____ date           | _____ signature         |                       |
| Defect Guarantee Submitted                              | _____ submitted date | _____ amount            | _____ expiration date |
| Defect Guarantee Released                               | _____ date           | _____ signature         |                       |

Address: 506 Congress Street



**CITY OF PORTLAND, MAINE  
DEVELOPMENT REVIEW APPLICATION  
PLANNING DEPARTMENT PROCESSING FORM**

I. D. Number \_\_\_\_\_

Michael D. Kaplan  
Applicant

August 2, 1996  
Application Date

66 Austin St., Portland 04103-4515  
Applicant's Mailing Address

Project Name/Description \_\_\_\_\_

Douglas Richmond Arch., Brunswick ME  
Consultant/Agent  
729-0989

504 Congress Street  
Address of Proposed Site  
37-H-13

Applicant or Agent Daytime Telephone, Fax \_\_\_\_\_

Assessor's Reference: Chart-Block-Lot \_\_\_\_\_

Proposed Development (check all that apply):  
 New Building    Building Addition    Change of Use    Residential  
 Office    Retail    Manufacturing    Warehouse/Distribution    Other (specify) \_\_\_\_\_

Proposed Building Square Feet or # of Units \_\_\_\_\_   14,186 sq ft   Acreage of Site \_\_\_\_\_   B-3   Zoning

**Check Review Required:**

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> Site Plan (major/minor) | <input type="checkbox"/> Subdivision # of lots _____ | <input type="checkbox"/> PAD Review            | <input type="checkbox"/> 14-403 Streets Review   |
| <input type="checkbox"/> Flood Hazard                       | <input type="checkbox"/> Shoreland                   | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> DEP Local Certification |
| <input type="checkbox"/> Zoning Conditional Use (ZBA/PB)    | <input type="checkbox"/> Zoning Variance             | <input type="checkbox"/> Single-Family Minor   | <input type="checkbox"/> Other _____             |

Fees paid: site plan \$300.00   subdivision \_\_\_\_\_

**Approval Status:**

Reviewer D Andrews

- Approved    Approved w/Conditions listed below    Denied

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Approval Date 8/2/96   Approval Expiration \_\_\_\_\_ date   Extension to \_\_\_\_\_ date    Additional Sheets Attached

Condition Compliance \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

Performance Guarantee    Required\*    Not Required

\* No building permit may be issued until a performance guarantee has been submitted as indicated below

- |   |                      |                         |                       |
|---|----------------------|-------------------------|-----------------------|
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| Performance Guarantee Released                          | _____ date           | _____ signature         |                       |
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| Defect Guarantee Released                               | _____ date           | _____ signature         |                       |

Address: 504 Congress Street



# CONTRACTOR'S MATERIAL & TEST CERTIFICATE SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS PART "A" GENERAL

**PROCEDURE**

UPON COMPLETION OF WORK, INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.

A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDGES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP OR FAILURE TO COMPLY WITH INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME Keystone Cinema DATE 12-23-96

PROPERTY ADDRESS Congress St. Portland

<b>PLANS</b>	ACCEPTED BY INSPECTION AUTHORITY (S) NAME _____		
	ADDRESS _____		
	INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
<b>INSTRUC- TIONS</b>	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT IF NO, EXPLAIN	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT IF NO, EXPLAIN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>TEST DESCRIP- TION</b>	<p><b>FLUSHING:</b> Flow the required rate until mains are clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs.</p> <p>Flush at flows not less than 750 GPM for 6-inch pipe and smaller, 1000 GPM for 8-inch, 1500 GPM for 10-inch, 3000 GPM for 12-inch. Where supply cannot produce stipulated flow rate, obtain maximum available by using properly sized discharge devices.</p> <p><b>HYDROSTATIC:</b> Hydrostatic test should be made at not less than 200 PSI for two hours or 80 PSI above static pressure in excess of 150 PSI. Differential dry-pipe valve clappers should be left open during test to prevent damage. All above ground piping leakage should be stopped.</p> <p><b>LEAKAGE:</b> New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory amounts of leakage usually result from twisted, pinched or cut gaskets. However, some leakage might result from small amounts of grit or small imperfections. The amount of leakage at the joints should not exceed 2 quarts per hour per 100 joints irrespectively of pipe diameter. The leakage should be distributed over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" should be repaired. Leakage should not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage should be distributed over all joints. If such leakage occurs almost entirely at a few joints, the installation should be considered unsatisfactory and necessary repairs made.</p> <p><b>PNEUMATIC:</b> Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/3 PSI in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which should not exceed 1 1/3 PSI in 24 hours.</p>		

**PART "B" - UNDERGROUND PIPING**

<b>LOCATION</b>	FEEDS BLDGS. <u>Entire Building By others ext.</u>		
<b>UNDER- GROUND PIPES AND JOINTS</b>	PIPE TYPE AND CLASS _____	TYPE JOINT _____	
	CONFORMS TO _____ STANDARD		YES <input type="checkbox"/> NO <input type="checkbox"/>
	JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD		YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>TESTS REQUIRED</b>	FLUSHING	HYDROSTATIC	LEAKAGE
<b>FLUSHING TESTS</b>	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD		YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED		
	PUBLIC WATER <input type="checkbox"/>	TANK OR RESERVOIR <input type="checkbox"/>	FIRE PUMP <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING		
	HYD. BUTT. <input type="checkbox"/>	OPEN PIPE <input type="checkbox"/>	
	LEAD-INS FLUSHED ACCORDING TO _____ STANDARD		YES <input type="checkbox"/>
	HOW WAS FLUSHING FLOW OBTAINED		
	PUBLIC WATER <input type="checkbox"/>	TANK OR RESERVOIR <input type="checkbox"/>	FIRE PUMP <input type="checkbox"/>
	THROUGH WHAT TYPE OPENING		
	Y CONN. TO FLANGE & SPOUT <input type="checkbox"/>		OPEN PIPE <input type="checkbox"/>

**HYDROSTATIC TEST** ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT \_\_\_\_\_ P.S.I. FOR \_\_\_\_\_ HOURS

**LEAKAGE TEST**  
 TOTAL MOUNT OF LEAKAGE MEASURED \_\_\_\_\_ GALS. \_\_\_\_\_ HOURS  
 ALLOWABLE LEAKAGE \_\_\_\_\_ GALS. \_\_\_\_\_ HOURS

**HYDRANTS**  
 NUMBER INSTALLED \_\_\_\_\_ TYPE AND MAKE \_\_\_\_\_  
 ALL OPERATE SATISFACTORILY YES  NO

**CONTROL VALVES**  
 WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON YES  NO

**REMARKS**  
 DATE LEFT IN SERVICE \_\_\_\_\_

**PARTS A & B**  
 NAME OF SPRINKLER CONTRACTOR \_\_\_\_\_ FOR PROPERTY OWNER (SIGNED) \_\_\_\_\_ TITLE \_\_\_\_\_

**SIGNATURES**  
 FOR SPRINKLER CONTRACTOR (SIGNED) \_\_\_\_\_ DATE \_\_\_\_\_

**PART "C" — SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH FLOOR)**

**LOCATION** SERVED BLDG. Entire

**TESTS REQUIRED**  
~~1 HYDROSTATIC TEST OF ALL PIPING~~  
 2 PNEUMATIC TEST OF ALL DRY PIPING  
 3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT

SPRINKLERS OR SPRAY NOZZLES	MAKE	MODEL	RISE	QUANTITY	TEMPERATURE RATING
	Reliable	pendent	1/2	220	165°

**PIPE AND FITTINGS**  
 MATERIAL AND KIND CONFORMS TO N.F.P.A. STANDARD IF NONE, EXPLAIN

ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
	TYPE	MAKE	MODEL	MIN.	SEC.
	EXT.				30

DRY PIPE VALVES	MAKE	MODEL	SER. NO.	OPERATING TEST RESULTS				WATER PRESS.	AIR PRESS.	TRIP POINT AIR PRESS.	TIME WATER REACHED TEST OUTLET		ALARM OPERATED PROPERLY				
				TIME TO TRIP THROUGH TEST PIPE							P.S.I.	P.S.I.	P.S.I.	MIN.	SEC.	YES	NO
				WITHOUT Q. O. D.		WITH Q. O. D.											
				MIN.	SEC.	MIN.	SEC.										

IF NO, EXPLAIN \_\_\_\_\_

**DELUGE & PREACTION VALVES**  
 OPERATION PNEUMATIC  ELECTRIC  HYDRAULIC   
 PIPING SUPERVISED YES  NO  DETECTING MEDIA SUPERVISED YES  NO   
 DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS YES  NO   
 IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING YES  NO   
 IF NO, EXPLAIN \_\_\_\_\_

VALVES	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM		DOES EACH CIRCUIT OPERATE VALVE RELEASE		MAXIMUM TIME TO OPERATE RELEASE	
			YES	NO	YES	NO	MIN.	SEC.

**TESTS**  
 ALL PIPING HYDROSTATICALLY TESTED AT \_\_\_\_\_ PSI FOR \_\_\_\_\_ HOURS YES  NO   
 DRY PIPING PNEUMATICALLY TESTED YES  NO   
 EQUIPMENT OPERATE PROPERLY IF NO, STATE REASON YES  NO

**BLANK TESTING GASKETS**  
 DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: \_\_\_\_\_ PSI  
 STATIC PRESSURE \_\_\_\_\_ PSI RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: \_\_\_\_\_ PSI

**REMARKS**  
 DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN. 17-23-96

**PART "C" SIGNATURES**  
 NAME OF SPRINKLER CONTRACTOR Sprinkler System INC FOR PROPERTY OWNER (SIGNED) Gay Day TITLE Super.  
 FOR SPRINKLER CONTRACTOR (SIGNED) Scott Madore



037- H-013.

BUILDING PERMIT REPORT

DATE: 10/17/96 ADDRESS: 504 Congress St

REASON FOR PERMIT: Daigle Const.

BUILDING OWNER: C. Ty of Portland / Michael Kaplan

CONTRACTOR: Daigle Const.

PERMIT APPLICANT: " " APPROVAL: \*5 \*6 \*7 \*8 \*11 DENIED: \*14 \*15 \*16 \*17 \*18

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.
A 6. Headroom in habitable space is a minimum of 7'6".
A 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.
A 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.

X 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.

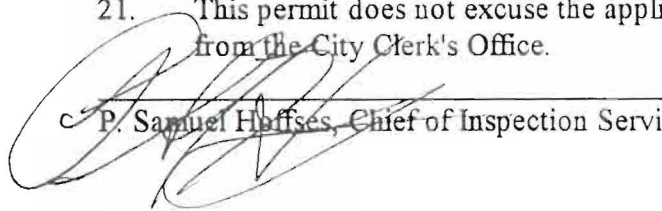
17. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. of the City's building code. (The BOCA National Building Code/1996)

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.

## FIRE CODE PERMIT REPORT

DATE: 10/7/96 ADDRESS: 504 Congress St

PERMIT TO: Dangle Cont

OWNER/CONTRACTOR: 12

APPROVED ✓ DENIED \_\_\_\_\_

### CONDITIONS OF APPROVAL/DENIAL

1. The boiler or furnace shall be protected by enclosing with one hour fire rated construction including fire doors and ceiling or by providing automatic extinguishment and smoke protected enclosure. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide a 0.15 gpm, per square foot of floor throughout the entire area. An indicating shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
2. All required Fire Alarm Systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
3. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
4. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.
5. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is five feet above finished floor.
6. All Master Box locations are required to have a locked box (knoxbox).
7. A fire alarm acceptance report shall be submitted to the Portland Fire Department.
8. All underground tank removal(s) and/or installation(s) shall be done in accordance with the Department of Environmental Regulations (Chapter 691).
9. **No cutting of tanks on site.** Cutting of tanks is to be done at an approved tank disposal site.
10. Fire Dispatcher must be at least 48 hours in advance of removal and/or transportation of tanks.
11. All above ground L/P storage tanks shall be located in accordance with NFPA 58 Standards.
12. Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.



13. All piping shall be protected from possible mechanical damage and vandalism.

14. A 4" storz fire department connection is required.

15. Any new sprinkler construction over six sprinkler heads needs to have State Fire Marshal approval.

16. Any renovations of sprinkler systems over 20 sprinkler heads needs to have State Fire Marshal approval.

17. A sprinkler performance test shall be submitted to the Portland Fire Department after completion of sprinkler work.

18. State Fire Marshal approval is required for this project.

19. Handrails shall have a circular cross section with an outside diameter of at least 1 1/4 and not greater than 2".

Lt. G. McDougall  
Fire Prevention Officer  
City of Portland

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

October 8, 1996

Daigle Construction  
1450 A Pleasant St.  
Brunswick, Maine 04011

RE: 504 Congress

Dear Mr. Sir,

Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

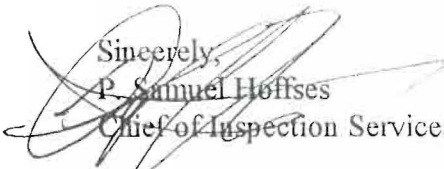
**NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL ALL REQUIREMENTS OF THIS LETTER ARE MET.**

### Site Plan Review Requirements

Building Inspection : A separate permit will be required for signage M. Schmuckal  
Development Review Coordinator : Approved D. Andrews  
Planning Div.: Typeface and final sign to be approved by city staff. 2. Sand paint color to be approved by city staff. 3. New sign on rear to be approved by city staff. K. Harte

### Building and Fire Code Requirements

1. Please read and implement items 5,6,7,8,11,14,15,16,17.&18 of the attached building permit report.
2. Please read and implement items 2,3,4,5,6,7,16,17,18,& 19 of the attached Fire Code Permit Report.
3. All food equipment must be of the approved type and installed in the approved manner.
4. All mechanical equipment used in the HVAC system must be installed as per the city's mechanical code ( The BOCA National Mechanical Code / 1993 )

Sincerely,  
  
P. Samuel Hoffses  
Chief of Inspection Services

cc: M. Schmuckal, D. Andrews, K. Harte



Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

## CITY OF PORTLAND

October 29 , 1996

Mr. Michael Kaplan  
504 Congress St.  
Portland, Maine  
04103

RE :504 Congress St.

Dear Sir:


Your application to erect four signs has been reviewed and a permit is herewith issued subject to the following requirements: 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 & Fire Code Requirements**

- 1 This permit is being issued with the condition that the typeface and final sign to be approved by the Planning Staff.
2. Sand paint color to be approved by the Planning Staff.
3. New sign on rear to be approved by the Planning Staff.

Sincerely



P. Samuel Hoffses  
Chief of Inspection Services

cc: Kay W. Harte Urban Designer  
M. Schmuckal Asst. Chief of Code Enforcement

# 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 11/4/96  
 Permit # \_\_\_\_\_

LOCATION: 504 Congress St

OWNER Michael Kaplan ADDRESS \_\_\_\_\_

							TOTAL EACH FEE		
OUTLETS	40	Receptacles (number of)	10	Switches	Smoke Detector	50	.20	10.00	
	<del>50</del>								
FIXTURES	75	incandescent	30	fluorescent		105	.20	21.00	
		fluorescent strip					.20		
SERVICES		Overhead			TTL AMPSTO	800		15.00	
	x	Underground				800	300	15.00	
TEMPORARY SERV.		Overhead			AMPS OVER	800		25.00	
		Underground				800		25.00	
METERS	1	(number of)				1	1.00	1.00	
MOTORS	4	(number of)				4	2.00	8.00	
RESID/COM		Electric units					1.00		
HEATING		oil/gas units					5.00		
APPLIANCES	2	Ranges		Cook Tops	Wall Ovens		2.00		
	2	Water heaters		Fans	Dryers		2.00		
Disposals	1	Dishwasher		Compactors	Others (denote)	6	2.00	12.00	
MISC. (number of)		Air Cond/win					3.00		
		Air Cond/cent					10.00		
	1	Signs				1	5.00	5.00	
		Pools					10.00		
		Alarms/res					5.00		
	1	Alarms/com				1	15.00	15.00	
	5	Heavy Duty				5	2.00	10.00	
		Outlets							
		Circus/Carnv					25.00		
		Alterations					5.00		
		Fire Repairs					15.00		
	6	E Lights				6	1.00	6.00	
		E Generators					20.00		
TRANSFORMER	5	Panels				5	4.00	20.00	
		0-25 Kva					5.00		
		25-200 Kva					8.00		
		Over 200 Kva					10.00		
						TOTAL AMOUNT DUE			
						MINIMUM FEE/COMMERCIAL	35.00		
						MINIMUM FEE	25.00	123.00	

INSPECTION: Will be ready \_\_\_\_\_ or will call x

CONTRACTORS NAME Atlantic Coast Elect  
 ADDRESS Box 8 - Gorham  
 TELEPHONE 839-2600  
 MASTER LICENSE No. Kenneth Clarke #16851  
 LIMITED LICENSE No. \_\_\_\_\_

*Kap 776-1377 (20)*  
*PLANE*  
 SIGNATURE OF CONTRACTOR



# 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 12/20/96

LOCATION: 504 Congress St

Permit # \_\_\_\_\_

OWNER Michael Kaplan ADDRESS \_\_\_\_\_

							TOTAL EACH FEE		
OUTLETS		Receptacles	Switches	Smoke Detector			.20		
FIXTURES	(number of)	incandescent	fluorescent				.20		
		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		
	x Alarms/com	thermostat				x	15.00	15	
	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						4.00		
TRANSFORMER	0-25 Kva						5.00		
	25-200 Kva						8.00		
	Over 200 Kva						10.00		
							TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 35.00							MINIMUM FEE	25.00	25.00

INSPECTION: Will be ready 12/20- or will call anytime

CONTRACTORS NAME HVAC Services  
 ADDRESS 2 Karen Dr- Westbrook  
 TELEPHONE 775-2909

MASTER LICENSE No. XXXXXXXXXXXXXXXX - Steven Higgins SIGNATURE OF CONTRACTOR  
 LIMITED LICENSE No. # 04018 *[Signature]*

# 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 22 August 1996  
 Permit # 7765

**LOCATION:** 504 Congress St

**OWNER** City of Portland **ADDRESS** \_\_\_\_\_

087-11-013

**TOTAL EACH FEE**

OUTLETS									
	Receptacles		Switches		Smoke Detector		5	.20	1.00
<b>FIXTURES</b>	(number of)								
	incandescent		fluorescent				5	.20	1.00
	fluorescent strip							.20	
<b>SERVICES</b>									
	Overhead				TTL AMPSTO	800		15.00	
	Underground					800		15.00	
<b>TEMPORARY SERV.</b>									
	Overhead				AMPS OVER	800	200	25.00	25.00
	Underground					800		25.00	
<b>METERS</b>	(number of)							1.00	
<b>MOTORS</b>	(number of)							2.00	
<b>RESID/COM</b>	Electric units							1.00	
<b>HEATING</b>	oil/gas units							5.00	
<b>APPLIANCES</b>	Ranges		Cook Tops		Wall Ovens			2.00	
	Water heaters		Fans		Dryers			2.00	
Disposals	Dishwasher		Compactors		Others (denote)			2.00	
<b>MISC. (number of)</b>	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							4.00	
<b>TRANSFORMER</b>	0-25 Kva							5.00	
	25-200 Kva							8.00	
	Over 200 Kva							10.00	
					<b>TOTAL AMOUNT DUE</b>				
					<b>MINIMUM FEE/COMMERCIAL 35.00</b>			<b>25.00</b>	<del>25.00</del>

*27.00*

**INSPECTION:** Will be ready 8/23 or will call \_\_\_\_\_

**CONTRACTORS NAME** T.A. Napolitano John Quirk  
**ADDRESS** P.O. Box 2301 So. Ptld, ME 04106  
**TELEPHONE** 799-0538  
**MASTER LICENSE No.** 7765  
**LIMITED LICENSE No.** \_\_\_\_\_

**SIGNATURE OF CONTRACTOR**

*John O. Quirk*



