

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

Location of Construction: 91-93 State St		Owner: Mercy Hospital		Phone:		Permit No: <b>960172</b>	
Owner Address: 144 State St- Portland ME 04101		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Provider Network Inc		Address: 5 Canon Dr- Westbrook ME 04092		Phone: 244-1111		Permit Issued: <b>MAR 15 1996</b>	
Past Use: office bldg		Proposed Use: 7-fam 2100 dwlg 1st floor unit no longer being created		COST OF WORK: \$ 25,000		PERMIT FEE: \$ 145	
Proposed Project Description: change of use - w interior renovations		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group R3 Type: 5A		CITY OF PORTLAND	
Permit Taken By: L Chase		Date Applied For: 2/20/96		Signature: [Signature]		Signature: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zone: CBL: 45-B-23/24	
		Signature: _____		Date: _____		Zoning Approval:	
						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 <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

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 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:

**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: \_\_\_\_\_

**CEO DISTRICT** 2



CITY OF PORTLAND, MAINE  
Department of Building Inspection

*Smith House*

# Certificate of Occupancy

LOCATION 91-93 State Street

Issued to **Mercy Hospital**

Date of Issue **February 16, 1983**

**This is to certify** that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 82-853, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Convalescent Center with  
Sanitarium

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

*2/16/83 - H. L...*  
(Date) *H. L...*  
Inspector

*P. A. ...*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

BUILDING PERMIT REPORT

DATE: 15/March/96 ADDRESS: 91-93 STATE ST.

REASON FOR PERMIT: \_\_\_\_\_

BUILDING OWNER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ APPROVED: \*4\*5\*6\*7\*9

PERMIT APPLICANT: \_\_\_\_\_ DENIED: \*11\*16

CONDITION OF APPROVAL OR DENIAL

1. 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)
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.
- X 4. All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with selfclosers.
- X 5. 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 6. The boiler shall be protected by enclosing with one(1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply having a capacity sufficient to provide 0.15 gallons per minute, 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 sq. feet per sprinkler.
- X 7. 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 (508 mm), and a minimum net clear opening of 5.7 sq. feet.
8. 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.
- X 9. 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/1993), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):

10/31/95 - Mary Menzies

91-93 State St -

New use - 6 "spaces" and offices

3 Apts on 3rd floor

"McCauley" House

3 Apts on 2nd

common area with 3 units of it - the units consist of

group work - no 24hr staff  
No signs

bedrooms; kitchens of it.

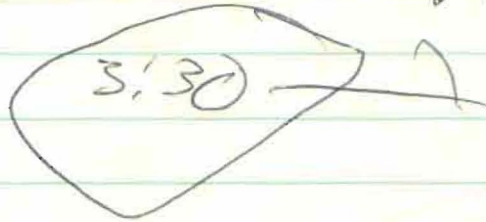
HAS HANDICAP

previously 4 kitchenettes <sup>up front</sup> dormitory style 10 rooms

1st floor 1 apt - Laundry office → → Theater  
2nd floor 2 Apts - ~~with~~ common living room

3rd

~~group~~



91-93  
State St

Applicant: LARRY E. DAVIS  
Address: 91-93 State Street  
Assessors No.: 45B-23

Date: 2/22/96

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - R-6

Interior or corner lot -

Use - This is a continued use from the old COB O for Smith House - The 1st floor unit is being deleted from plans so that it is a continued use and not an increase

Sewage Disposal -

Rear Yards -

Side Yards -

Front Yards -

Projections -

Height -

Lot Area - 5,397 #

Building Area -

Area per Family -

Width of Lot -

Lot Frontage -

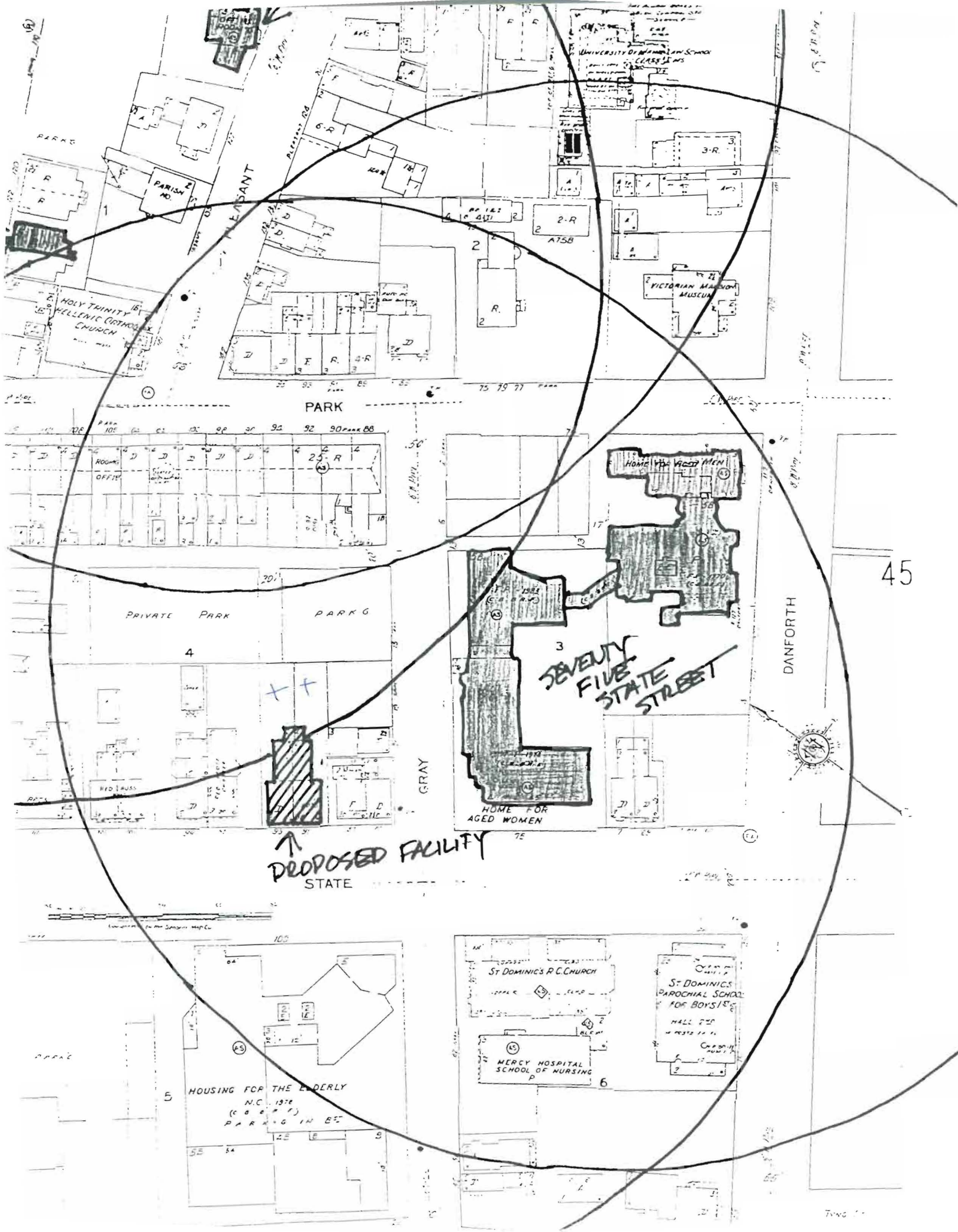
Off-street Parking -

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -



45

DANFORTH

PROPOSED FACILITY  
STATE

HOUSING FOR THE ELDERLY  
N.C. 1974  
(C.O.P.F.)  
PARKING IN B'S

ST. DOMINIC'S R.C. CHURCH

ST. DOMINIC'S PAROCHIAL SCHOOL FOR BOYS

MERCY HOSPITAL SCHOOL OF NURSING

B.O.C.A. USE GROUP .....

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

ZONING LOCATION ..... 12-6 PORTLAND, MAINE June 10, 1982

PERMIT ISSUED

JUN 11 1982

CITY OF PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION ..... 91-93 State Street ..... Fire District #1  #2 
1. Owner's name and address ... Landmark Realty Trust - C/O 8th Floor ... Telephone .....
2. Lessee's name and address ..... 1 Monument Square ... Telephone .....
3. Contractor's address ..... Telephone .....
Proposed use of building ... convalescent center with sanitarium ..... No. of sheets .....
Last use ..... 9 unit - condominiums ..... No. families .....
Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....
Other buildings on same lot .....
Estimated contractual cost \$ ..... Appeal Fees \$ .....
FIELD INSPECTOR - Mr. @ 775-5451 Base Fee of use ..... 25.00
Late Fee .....
TOTAL \$ ..... 25.00

Change of use from 9 unit condominiums to convalescent center with sanitarium, no alterations.

Stamp of Special Conditions

send permit to attached card C/O Bruce E Pamley

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... Is any electrical work involved in this work? ...
Is connection to be made to public sewer? ... If not, what is proposed for sewage? ...
Has septic tank notice been sent? ... Form notice sent? ...
Height average grade to top of plate ... Height average grade to highest point of roof ...
Size, front ... depth ... No. stories ... solid or filled land? ... earth or rock? ...
Material of foundation ... Thickness, top ... bottom ... cellar ...
Kind of roof ... Rise per foot ... Roof covering ...
No. of chimneys ... Material of chimneys ... of lining ... Kind of heat ... fuel ...
Framing Lumber - Kind ... Dressed or full size? ... Corner posts ... Sills ...
Size Girder ... Columns under girders ... Size ... Max. on centers ...
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor ... 2nd ... 3rd ... roof ...
On centers: 1st floor ... 2nd ... 3rd ... roof ...
Maximum span: 1st floor ... 2nd ... 3rd ... roof ...
If one story building with masonry walls, thickness of walls? ... height? ...

IF A GARAGE

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

APPROVALS BY:

DATE

MISCELLANEOUS

BUILDING INSPECTION - PLAN EXAMINER
ZONING: [Signature] 6/10/82
BUILDING CODE: [Signature]
Fire Dept.:
Health Dept.:
Others:

Will work require disturbing of any tree on a public street? ...
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ...

Signature of Applicant ... Bruce E. Pamley ... Phone # ... 773-6411
Type Name of above ... Bruce E. Pamley for ... Pierce, Atwood
Other ... and Address



*Mercy Hospital*

144 STATE STREET, PORTLAND, MAINE 04101

ATTACHMENT TO APPLICATION FOR  
CHANGE OF USE PERMIT

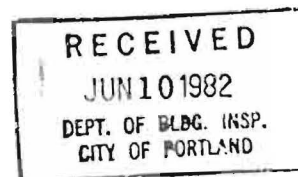
Mercy Hospital proposes to establish an Alcoholism Rehabilitation Program at 91-93 State Street, Portland, Maine.

PROGRAM DESCRIPTION

Detoxification services will be provided by the Mercy Hospital at its 144 State Street location, other hospitals, and free-standing detoxification facilities in southern Maine. The patients are considered ready to leave the detoxification phase after they are physically and emotionally stable enough to make a decision about whether or not they want to continue treatment. It is at this point in the program that patients would begin their rehabilitation at 91-93 State Street.

The facility at 91-93 State Street will offer the detoxified patient an opportunity to continue sobriety and initiate rehabilitation directed towards complete recovery. The inpatient program is designed to care for persons who require 24-hour supervision in a hospital or equivalent setting. The term of stay is expected to be 21 days per patient during which time they will be provided nursing care, counseling service, vocational/occupational/recreational therapy, peer support and empathy, pastoral care and acute medical care as necessary.

This program will emphasize acceptance of the early and middle-stage alcoholics.







## CITY OF PORTLAND

JOSEPH E. McDONOUGH  
FIRE CHIEF

September 30, 1982

Woodward Thomsen Co.  
2 Danforth Street  
Portland, Maine 04101

Re: 91-93 State Street

Dear Sir:

Your permit application to make alterations and minor structural changes, as per plans, is hereby approved subject to the following conditions:

CODE #

4. Internally lit exit signs and emergency lighting shall be provided for all exits and paths to reach same.
10. All doors involved in the means of egress shall be equipped with latch sets which shall open from the inside without the use of keys, special knowledge, or ability, but by merely turning the usual knob or by pressure on a plate or lever.
11. The boiler room shall be enclosed with construction having a fire rating of at least one hour, including the ceiling, and fire doors with self-closers.

If I may be of any further assistance, please feel free to contact me at 775-5431, Ext. 354.

Yours truly,

*Lt. James P. Collins*

Lt. James P. Collins  
Fire Prevention Bureau

JPC/jmr



# CITY OF PORTLAND

JOSEPH E. GRAY, JR.  
DIRECTOR OF PLANNING  
AND URBAN DEVELOPMENT

November 9, 1982

Apollo Iron Works  
75 Commercial Street  
Portland, Maine 04101

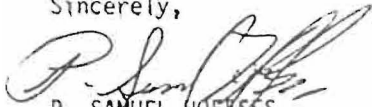
Dear Sir:

Your application for a building permit to construct a fire escape for Mercy Hospital at 91 - 93 State Street, Portland, Maine is being issued with the following requirements:

1. The fire escape shall be designed to support a live load of 100 pounds per square foot.
2. Doors and windows along the fire escape shall be protected with three quarter hour fire resistance rated opening protectives.
3. White lights will be provided outside each landing.

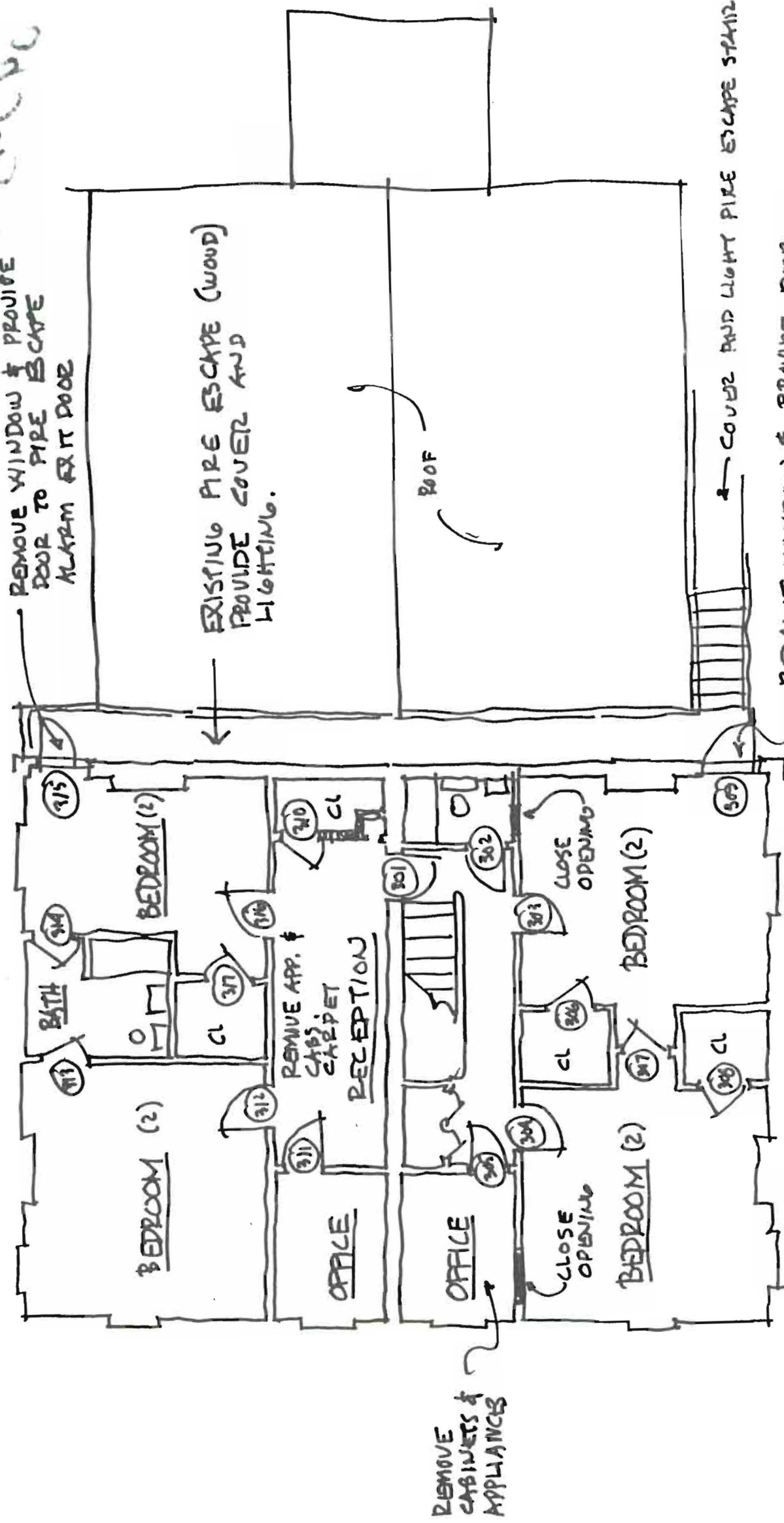
If you have any questions on these requirements, please call.

Sincerely,

  
P. SAMUEL HOFFSES,  
CHIEF OF INSPECTION SERVICES

PSH/mlb

ES-2-240



THIRD FLOOR  
1/8" = 1'-0"  
1800 #

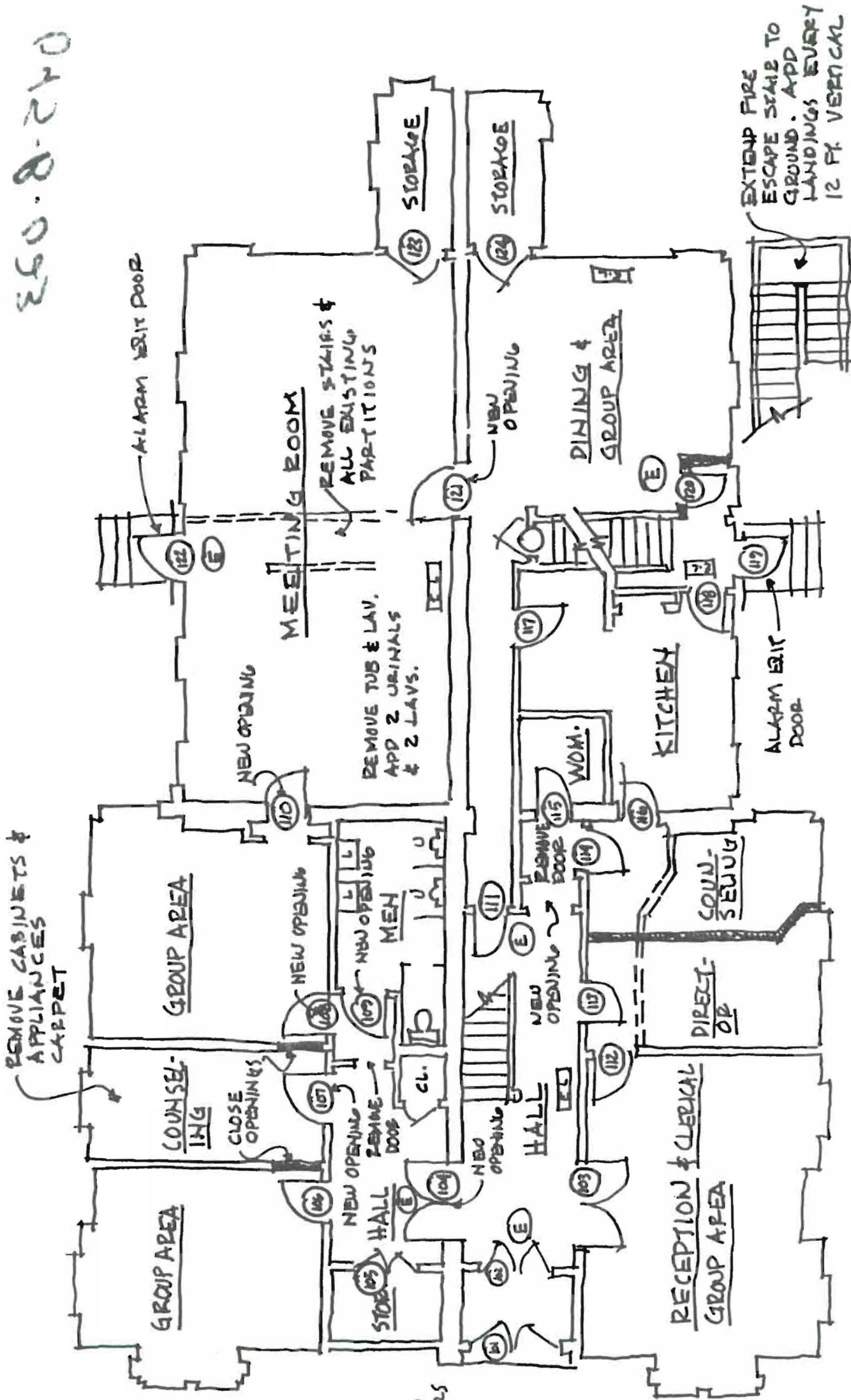
3

91-93 STATE STREET  
MERCY HOSPITAL

PAUL S. STEVENS AIA

JUNE 21, 1982

042-8-093



EXTEND FIRE ESCAPE STAIRS TO GROUND. ADD HANDINGS EVERY 12 FT. VERTICAL

FIRST FLOOR - 1/8" = 1'-0"  
3200 sq ft

DOORS 103 & 104 ON 'HOLD OPEN DEVICE' ACTIVATED BY SMOKE DETECTORS EITHER SIDE & ALARM SYSTEM

1

10/31/95

91-93 STATE STREET  
MERCY HOSPITAL  
PAII. S. STEVENS AIA

JUNE 21, 1982

