

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 030774

Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that Mercy Hospital/DeForte, Ar

has permission to Install a Handicap Lift with to Reach

At 97 State St City of Portland, Oregon 045 B025001

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of the State of Oregon and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or otherwise closed-in. **OUR NOTIFICATION IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

Apply to Public Works for street line and grade if nature of work requires such information.

#### OTHER REQUIRED APPROVALS

Fire Dept. W. H. S.

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*W. H. S.*  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

|                       |                      |                     |
|-----------------------|----------------------|---------------------|
| Permit No:<br>03-0774 | <b>PERMIT ISSUED</b> | CBL:<br>045 B025001 |
|-----------------------|----------------------|---------------------|

|  |                                     |  |                      |
|--|-------------------------------------|--|----------------------|
| Location of Construction:<br>97 State St | Owner Name:<br>Mercy Hospital       | Owner Address:<br>144 State St             | Phone:<br>879-3531   |
| Business Name:                           | Contractor Name:<br>DeForte, Andrew | Contractor Address:<br>Daggett st Portland | Phone:<br>2077977699 |
| Leasee/Buyer's Name                      | Phone:                              | Permit Type:<br>Additions - Commercial     | Zone:<br>R6          |

|   |   |                         |                              |                    |
|---|---|-------------------------|------------------------------|--------------------|
| Past Use:<br>Rooming Housing/Mercy Hospital | Proposed Use:<br>Rooming Housing/Mercy Hospital | Permit Fee:<br>\$201.00 | Cost of Work:<br>\$20,000.00 | CEO District:<br>2 |
|---|---|-------------------------|------------------------------|--------------------|

|   |   |   |
|---|---|---|
| Proposed Project Description:<br>Install a Handicap Lift with Deck to Rear Door<br><i>legal use - lodging house for six (6) rooms with kitchen &amp; dining</i> | FIRE DEPT: <input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied  | INSPECTION:<br>Use Group: B Type: SB<br>11/12/04<br>Signature: <i>[Signature]</i> |
|   | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)<br>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br>Signature: _____ Date: _____ |   |

|                         |                                 |                        |  |
|-------------------------|---------------------------------|------------------------|--|
| Permit Taken By:<br>gad | Date Applied For:<br>07/01/2003 | <b>Zoning Approval</b> |  |
|-------------------------|---------------------------------|------------------------|--|

|  |   |  |   |
|--|---|--|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br><br>2. Building permits do not include plumbing, septic or electrical work.<br><br>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.. | Special Zone or Reviews<br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input checked="" type="checkbox"/> Site Plan <i>exempting in planning</i><br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: <i>8/6/03</i> | Zoning Appeal<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: _____ | Historic Preservation<br><input type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input checked="" type="checkbox"/> Approved w/Conditions<br><i>see form TO D.A.</i><br>Date: _____ |
|--|---|--|---|

*D. Andrews 10/21/03*

**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 provision of the code(s) applicable to such permit.

|                        |         |      |       |
|------------------------|---------|------|-------|
| SIGNATURE OF APPLICANT | ADDRESS | DATE | PHONE |
|------------------------|---------|------|-------|

|   |      |       |
|---|------|-------|
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | DATE | PHONE |
|---|------|-------|

5/10/04 setbacks, footings, sensor tubes okay to pour? JV

8/16/04 gunders will have to be at 42" parrals will

have to be at 34" per ADA - CAIUC contractor - okay

to close in elevators w/ JV-

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>03-0774 | <b>Date Applied For:</b><br>07/01/2003 | <b>CBL:</b><br>045 B025001 |
|------------------------------|--|----------------------------|

|   |  |   |                                 |
|---|--|---|---------------------------------|
| <b>Location of Construction:</b><br>97 State St | <b>Owner Name:</b><br>Mercy Hospital       | <b>Owner Address:</b><br>144 State St             | <b>Phone:</b><br>( ) 879-3531   |
| <b>Business Name:</b>                           | <b>Contractor Name:</b><br>DeForte, Andrew | <b>Contractor Address:</b><br>Daggett st Portland | <b>Phone:</b><br>(207) 797-7699 |
| <b>Lessee/Buyer's Name</b>                      | <b>Phone:</b>                              | <b>Permit Type:</b><br>Additions - Commercial     |                                 |

|   |  |
|---|--|
| <b>Proposed Use:</b><br>Rooming Housing/Mercy Hospital - no use change proposed | <b>Proposed Project Description:</b><br>Install a Handicap Lift with Deck to Rear Door |
|---|--|

**Dept:** Historical      **Status:** Approved with Conditions      **Reviewer:** Deborah Andrews      **Approval Date:** 10/17/2003

**Note:** **Ok to Issue:**

- 1) \* Width of deck not to extend beyond the face of existing bay window. If required by code, then deck shall not extend as proposed toward the bay window, but rather return at entrance door.  
\* Entire structure to be painted or opaque stained.

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 08/06/2003

**Note:** **Ok to Issue:**

- 1) The existing approved use of this property is a lodging house for six (6) rooms with kitchen and dining. Any changes to that use shall require a separate permit and approvals.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Mike Nugent      **Approval Date:** 01/12/2003

**Note:** **Ok to Issue:**

- 1) Guard openings must be "less" than 4 inches.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Lt. MacDougal      **Approval Date:** 07/31/2003

**Note:** **Ok to Issue:**

- 1) Application requires State Fire Marshal approval.

**Comments:**

10/21/2003-mjn: Left message for builder need detail on lift unit and had some framing questions

1/8/2004-ldobson: left message for builder 797-7699

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>03-0774 | <b>Date Applied For:</b><br>07/01/2003 | <b>CBL:</b><br>045 B025001 |
|------------------------------|--|----------------------------|

|   |  |   |                                 |
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| <b>Location of Construction:</b><br>97 State St | <b>Owner Name:</b><br>Mercy Hospital       | <b>Owner Address:</b><br>144 State St             | <b>Phone:</b><br>( ) 879-3531   |
| <b>Business Name:</b>                           | <b>Contractor Name:</b><br>DeForte, Andrew | <b>Contractor Address:</b><br>Daggett st Portland | <b>Phone:</b><br>(207) 797-7699 |
| <b>Lessee/Buyer's Name</b>                      | <b>Phone:</b>                              | <b>Permit Type:</b><br>Additions - Commercial     |                                 |

|   |  |
|---|--|
| <b>Proposed Use:</b><br>Rooming Housing/Mercy Hospital - no use change proposed | <b>Proposed Project Description:</b><br>Install a Handicap Lift with Deck to Rear Door |
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**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>03-0774 | <b>Date Applied For:</b><br>07/01/2003 | <b>CBL:</b><br>045 B025001 |
|------------------------------|--|----------------------------|

|   |  |   |                                 |
|---|--|---|---------------------------------|
| <b>Location of Construction:</b><br>97 State St | <b>Owner Name:</b><br>Mercy Hospital       | <b>Owner Address:</b><br>144 State St             | <b>Phone:</b><br>( ) 879-3531   |
| <b>Business Name:</b>                           | <b>Contractor Name:</b><br>DeForte, Andrew | <b>Contractor Address:</b><br>Daggett st Portland | <b>Phone:</b><br>(207) 797-7699 |
| <b>Lessee/Buyer's Name</b>                      | <b>Phone:</b>                              | <b>Permit Type:</b><br>Additions - Commercial     |                                 |

|   |  |
|---|--|
| <b>Proposed Use:</b><br>Rooming Housing/Mercy Hospital - no use change proposed | <b>Proposed Project Description:</b><br>Install a Handicap Lift with Deck to Rear Door |
|---|--|

**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 08/06/2003

**Note:** **Ok to Issue:**

1) The existing approved use of this property is a lodging house for six (6) rooms with kitchen and dining. Any changes to that use shall require a separate permit and approvals.

**Dept:** Building      **Status:** Pending      **Reviewer:**      **Approval Date:**

**Note:** **Ok to Issue:**

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Lt. MacDougal      **Approval Date:** 07/31/2003

**Note:** **Ok to Issue:**

1) Application requires State Fire Marshal approval.

DAVID BENNETT  
878-0232

Andrew DeForte  
878-1740  
797-7699

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

|                       |                                 |                     |
|-----------------------|---------------------------------|---------------------|
| Permit No:<br>01-1470 | Date Applied For:<br>11/29/2001 | CBL:<br>045 B025001 |
|-----------------------|---------------------------------|---------------------|

|   |  |   |                                 |
|---|--|---|---------------------------------|
| <b>Location of Construction:</b><br>97 State St | <b>Owner Name:</b><br>Mercy Hospital                 | <b>Owner Address:</b><br>144 State St           | <b>Phone:</b><br>207-773-9800   |
| <b>Business Name:</b><br>n/a                    | <b>Contractor Name:</b><br>Norumbega Homes/Jim Libby | <b>Contractor Address:</b><br>PO Box 276 Sebago | <b>Phone:</b><br>(207) 787-2747 |
| <b>Lessee/Buyer's Name:</b><br>n/a              | <b>Phone:</b><br>n/a                                 | <b>Permit Type:</b><br>Building Miscellaneous   |                                 |

|  |   |
|--|---|
| <b>Proposed Use:</b><br>Rooming House for Mercy Hospital / Added handicap ramp and egress door | <b>Proposed Project Description:</b><br>Build Handicap Ramp and Egress door |
|--|---|

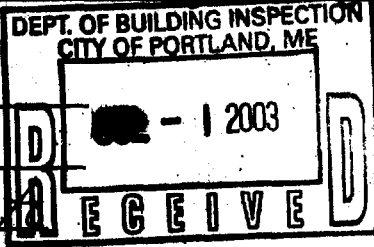
|  |                          |   |
|--|--------------------------|---|
| <b>Dept:</b> Historical <b>Status:</b> Pending <b>Reviewer:</b> Deborah Andrews <b>Approval Date:</b>  | <b>Note:</b>             | <b>Ok to Issue:</b> <input type="checkbox"/>            |
| <b>Dept:</b> Zoning <b>Status:</b> Approved with Conditions <b>Reviewer:</b> Marge Schmuckal <b>Approval Date:</b> 12/10/2001  | <b>Note:</b> 97 State St | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| 1) The existing approved use of this property is a lodging house for 6 rooms with kitchen and dining. Any changes to that use shall require a separate permit and approvals. |                          |   |
| 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.                                |                          |   |
| <b>Dept:</b> Building <b>Status:</b> Pending <b>Reviewer:</b>  | <b>Note:</b>             | <b>Approval Date:</b>                                   |
| <b>Ok to Issue:</b> <input type="checkbox"/>   |                          |   |

*PRIOR  
Permit  
Approval*

R-6

# All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

|  |  |  |
|--|--|--|
| Location/Address of Construction: <b>97 STATE ST PORTLAND, ME</b>  |  |  |
| Total Square Footage of Proposed Structure<br><b>DECK 241 SF / LIFT &amp; STAIR 53</b>   | Square Footage of Lot<br><b>7,614</b>  |  |
| Tax Assessor's Chart, Block & Lot<br>Chart# <b>045</b> Block# <b>B</b> Lot# <b>025</b>   | Owner: <b>MERCY HOSPITAL</b>   | Telephone:<br><b>879.3000</b><br><b>879.3531</b>                                     |
| Lessee/Buyer's Name (if Applicable)<br><b>N/A</b>  | Applicant name, address & telephone:<br><b>Andrew DeForte</b><br><b>11 Daggett St Port. Me</b><br><b>207-797-7699</b> <b>04103</b> | Cost of Work: \$ <b>20,000</b><br>Fee: \$ <b>201.00</b>                              |
| Current use: <b>Housing for Mercy Res.</b>   |  |  |
| If the location is currently vacant, what was prior use: <b>N/A</b>  |  |  |
| Approximately how long has it been vacant: _____   |  |  |
| Proposed use: <b>Handicap Lift (enclosed) with deck</b><br>Project description:<br><b>near door</b>  |  |  |
| Contractor's name, address & telephone: <b>Andrew DeForte</b> <b>207 797 7699</b><br><b>11 Daggett St</b><br><b>Port. Me 04103</b> <b>207 838 1740</b>   |  |  |
| Who should we contact when the permit is ready: <b>Andrew DeForte Builders</b><br>Mailing address: <b>11 Daggett St Port. Me 04103</b><br><b>→ call</b>  |  |  |
| We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <b>797-7699</b> |  |  |

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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

|   |                      |
|---|----------------------|
| Signature of applicant:  | Date: <b>3/12/03</b> |
|---|----------------------|

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall





APPLICATION FOR EXEMPTION FROM SITE PLAN REVIEW

Applicant Andrew DeForte  
Andrew DeForte Builders  
Applicant's Mailing Address 11 Daggett St - Portland  
797-7699  
Consultant/Agent/Phone Number

8/6/03  
Application Date  
97 State St  
Project Name/Description  
97 State St  
Address of Proposed Site

CBL: 45-B-25

Description of Proposed Development:  
construct handcar lift & Deck  
lodging house with six (6) rooms with kitchen & dining  
owned by Mercy Hospital

Please Attach Sketch/Plan of Proposal/Development

Criteria for Exemptions:  
See Section 14-523 (4) on back side of form

- a) Within Existing Structures; No New Buildings, Demolitions or Additions
- b) Footprint Increase Less Than 500 Sq. Ft.
- c) No New Curb Cuts, Driveways, Parking Areas
- d) Curbs and Sidewalks in Sound Condition/Comply with ADA
- e) No Additional Parking/ No Traffic Increase
- f) No Stormwater Problems
- g) Sufficient Property Screening
- h) Adequate Utilities

| Applicant's Assessment<br>(Yes, No, N/A) | Planning Office<br>Use Only |
|--|-----------------------------|
|  | ✓                           |
|  | ✓                           |
|  | ✓                           |
|  | ✓                           |
|  | ✓                           |
|  | ✓                           |
|  | ✓                           |
|  | ✓                           |
|  | ✓                           |
|  | ✓                           |

**Planning Division Use Only**

Exemption Granted  Partial Exemption  Exemption Denied

pending historic preservation review

Planner's Signature S. Hopkins Date 8/10/03

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

JA **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

RA **Footing/Building Location Inspection:** Prior to pouring concrete

NA **Re-Bar Schedule Inspection:** Prior to pouring concrete

NA **Foundation Inspection:** Prior to placing ANY backfill

RA **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

RA **Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. ~~NOTE: There is a \$75.00 fee per inspection at this point.~~

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

RA If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

RA **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Russell Doherty  
Signature of applicant/designee

1/18/04  
Date

JA  
Signature of Inspections Official

1/15/04  
Date

CBL: 0453025 Building Permit #: 030774

**ATTACHMENTS:**

To supplement your application, please submit the following items, as applicable to your project. Keep in mind that the information you provide the Historic Preservation Committee and staff is the only description they will have of your project or design. Therefore, it should precisely illustrate the proposed alteration(s).

\_\_\_\_\_ Exterior photographs (include general streetscape view, view of entire building & close-ups of affected area.)

\_\_\_\_\_ Sketches or elevation drawings at a minimum 1/4" scale. Please label relevant dimensions.

\_\_\_\_\_ Details or sections, where applicable.

\_\_\_\_\_ Floor plans

\_\_\_\_\_ Site plan showing relative location of adjoining structures.

\_\_\_\_\_ Catalog cuts or product information (e.g. proposed windows, doors, lighting fixtures)

\_\_\_\_\_ Materials - list all visible exterior materials. Samples are helpful.

\_\_\_\_\_ Other (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note:** In order to be photocopied by the City, plans or drawings should generally not exceed 11" x 17". If you wish to submit larger plans, please provide 10 copies for distribution.

If you have any questions or need assistance in completing this form, please contact the Historic Preservation Staff at 874-8726.

Please return this form, application fee (see page 4 of this application), and related materials to:

Deborah Andrews, Historic Preservation Program Manager  
Department of Planning and Development  
Portland City Hall, 4<sup>th</sup> Floor  
389 Congress Street  
Portland, ME 04101

Att Mike Neugebort

Mercy Hosp - 97 State St Garg's House - Handy cap lift  
Specs

Maine Acc. Corp.

23 Bomarc Rd

Bangor Me 04401

207-947-7532 Att Jeremi Polk

## CONTRACT

045 B25  
This document in its entirety shall serve as a contract between Maine Accessibility Corp., whose principle place of business is located at 23 Bomarc Road, Bangor, Maine, and **Andrew Deforte' Builders**, whose address is **11 Daggatt Street, Portland, Maine**. Any changes to this contract shall be in writing, and approved by both parties.

### PART 1 - GENERAL

#### 1.01 SCOPE

- A. Maine Accessibility Corporation will furnish **1 Vertical Wheelchair Lift**, with all labor, materials, and equipment necessary or required to complete the installation of the equipment as indicated below.

#### 1.02 PRODUCT DATA

- A. Lift shall be a **National Wheelovator BC-72**

Rated Load: **750 lbs.**

Normal Speed: **9 fpm**

Platform Dimensions: **39 X 51**

Levels Served: **2**

Number of openings: **2**

Travel Distance: **up to 75"**

Power Supply: **120 VAC**

Drive Type: **Acme Screw**

Emergency Operation: **Manual Wrench Lowering**

Other equipment provided: **2 electric strikes, 2 door closers, 2 keyed dead latch handles, and 2 call send controls**

- B. Doors / Gates shall be as follows:

**N/A - Doors to be provided by customer**

- C. Communication shall be provided on the platform as follows:

**Standard Wall Telephone**

#### 1.03 INSTALLATION

- A. Maine Accessibility Corp. shall provide delivery & installation of the equipment described in section 1.02 according to the following estimated schedule. This schedule is based on this contract being signed and returned no later than **July 25, 2003**.

Delivery – **September 8, 2003**  
Start Install **September 8, 2003**  
Finish Install **September 10, 2003**  
Final Inspection **September 15, 2003**

- B. Equipment shall be delivered and installed at

***Mercy Hospital, Portland***

#### 1.04 PRICE

- A. The total amount for this contract is **\$10,645.00**, and is broken down as follows.
1. Equipment as described in section 1.02 will be furnished for the sum of **\$7,445.00**.
  2. Applicable Sales Tax in the amount of **\$N/A**.
  2. Labor as described in section 1.03 will be furnished for the sum of **\$2,700.00**.
  3. Inspection, Safety testing, and Registration will be furnished for the sum of **\$500.00**.

#### 1.05 PAYMENT TERMS

- A. **50%** of the equipment price is due at the time this order is placed. The balance of the equipment price is due at the time of equipment delivery. Every effort will be made to coordinate shipping and delivery dates with the customer. If, through no fault of Maine Accessibility Corp., delivery of equipment to the jobsite is delayed, and Maine Accessibility Corp. has taken delivery from the manufacturer, then the balance of the equipment price will become due as if the equipment were delivered to the customer.
- B. Labor price is due upon completion of installation. Installation is complete when unit is completely installed, and ready for inspection.
- C. Inspection price is due upon completion of inspection by the State of Maine.
- D. **1 ½%** per month will be charged to overdue balances.

#### 1.06 RESOLUTION OF DISPUTES

- A. If a dispute arises concerning the provisions of this contract or the performance by the parties, then the parties agree to settle the dispute by jointly paying for mediation, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to solve their differences.

## 1.07 CHANGE ORDERS

A. Any alteration or deviation from the above contractual specifications that result in a revision of the contract price will be executed only upon the parties entering into a written change order.

## PART 2 – PREPARATORY WORK / MATERIALS BY OTHERS

2.01 The following preparatory work / materials to accommodate the equipment described in Part 1 of this contract shall be provided by others.

- A. Construct hoist way to manufacturers specifications.
- B. Permanent *115V 20A* power to be supplied to our disconnect. Temporary power may be provided to expedite installation if applicable.
- C. Telephone line to be supplied to the hoistway.
- D. Doors & frames for the hoistway
- E. Provide clear access to the equipment installation site, and remove all obstacles before elevator delivery.
- F. Provide a substantial level floor (pit) slab as indicated on shop drawings.
- G. Provide finish grouting and dry walling around walls, ceiling, doors, and gates.
- H. Provide adequate lighting (including emergency lighting) in equipment area as required by code.

## PART 3 – WARRANTY

3.01 Maine Accessibility Corp. will provide 1 year of free service from date of approval by State of Maine Inspector. The equipment and all component parts shall carry a one (1) year limited warranty. The warranty shall be for the replacement at no cost of defective parts. A more detailed warranty description will be provided upon request.

I have read this contract and I understand all of the terms and conditions, and I agree to abide by them as stated.

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MAC REPRESENTATIVE

\_\_\_\_\_  
DATE

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

**Current Owner Information**

Card Number 1 of 1  
 Parcel ID 045 8025001  
 Location 97 STATE ST  
 Land Use BENEVOLENT & CHARITABLE  
 Owner Address MERCY HOSPITAL  
 144 STATE ST  
 PORTLAND ME 04101  
 Book/Page 15218/252  
 Legal 45-B-25  
 STATE ST 97  
 7614 SF

*x508 = 3837 #*

**Valuation Information**

Land \$38,330 Building \$275,520 Total \$313,850

*24x48 = 1152  
 33x52 = 1716  
 given Deck = 241  
 given lift stairs = 53*

**Building Information**

| Bldg # | Year Built | # Units | Bldg Sq. Ft. | Identical Units |
|--------|------------|---------|--------------|-----------------|
| 1      | 1900       | 1       | 8568         | 1               |

Total Acres 0.175 Total Buildings Sq. Ft. 8568 Structure Type MIXED RES/COMM Building Name 97 ST STREET PARTNER

*d*

*3162 #*

**Exterior/Interior Information**

| Section | Levels | Size | Use       |
|---------|--------|------|-----------|
| 1       | B1/B1  | 2222 | DORMITORY |
| 1       | 01/01  | 2222 | DORMITORY |
| 1       | 02/02  | 2222 | DORMITORY |
| 1       | 03/03  | 1503 | DORMITORY |
| 1       | A1/A1  | 999  | DORMITORY |

| Height | Walls       | Heating | A/C |
|--------|-------------|---------|-----|
| 8      |             |         |     |
| 10     | BRICK/STONE | HOT AIR |     |
| 10     | BRICK/STONE | HOT AIR |     |
| 8      | BRICK/STONE | HOT AIR |     |
| 4      | BRICK/STONE | HOT AIR |     |

**Building Other Features**

| Line | Structure Type | Identical Units |
|------|----------------|-----------------|
|------|----------------|-----------------|

**Yard Improvements**

| Year Built | Structure Type  | Length or Sq. Ft. | # Units |
|------------|-----------------|-------------------|---------|
| 1972       | ASPHALT PARKING | 5100              | 1       |

**CITY OF PORTLAND, MAINE**

**HISTORIC PRESERVATION COMMITTEE**

Stephen Sewall, Chair  
Cordelia Pitman, Vice Chair  
Edward Hobler  
Susan Wroth  
Camillo Breggia  
Robert Parker  
John Turk

Dear Applicant for Historic Preservation Review:

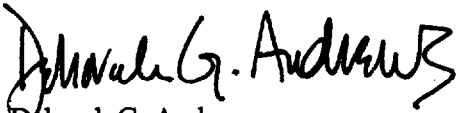
To receive a Certificate of Appropriateness for exterior or site alterations to a designated historic property, it is necessary for you to complete the enclosed application form and return it with a copy of proposed plans, drawings, specifications and application fee to the Department of Planning and Development, Portland City Hall, 389 Congress Street, 4<sup>th</sup> Floor, Portland, Maine, 04101.

Following a preliminary review of your application by staff, you may be asked to submit additional information. Staff will work with you to encourage work consistent with the standards provided. Minor projects, such as signage and awning installations, are reviewed and approved at the staff level. For projects requiring Committee review, the application should be submitted **at least two weeks** before the desired meeting date of the Historic Preservation Committee. The Committee meets on the first and third Wednesdays of each month.

Enclosed is a copy of the application fee schedule. If an application requires Committee review, applicants are also responsible for reimbursing the City for the cost of a legal ad and notifying abutters.

If you have questions or need assistance in completing this form, please contact me at 874-8726 or Bill Needelman, Senior Planner, at 874-8722.

Sincerely,



Deborah G. Andrews  
Historic Preservation Program Manager





Date: 3/12/03

**HISTORIC PRESERVATION  
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

PROPERTY ADDRESS: State St Port. Me 04101

CBL (Chart-Block-Lot): \_\_\_\_\_

**APPLICANT:**

Name: Andrew DeForte Telephone: 207 797 7699

Company, if applicable: Andrew DeForte Builders

Address: 11 Draggott St  
Port. Me 04103

**PROPERTY OWNER (if different):**

Name: Merry Hosp. Telephone: Rich Kapsis  
879-3531

Address: 144 State St Port. Me 04101

DESIGNER (632-2445)  
Architect (if any): BENNETT HOMES PO BOX 1411 WESTBROOK ME 04098

Contractor of Builder (if any): Andrew DeForte Builders

Andrew DeForte  
Applicant's Signature

Owner's Signature (if different)

**APPLICATION FEE:**

See page 4 for fee schedule. Please submit fee with completed application.

**DESCRIPTION OF PROJECT:**

Describe in a separate paragraph each type of proposed exterior architectural alteration, such as window replacement, roof replacement, porch alteration, repointing of masonry, and/or new addition/construction. Briefly describe the feature or materials affected by the work and give the approximate date that it was constructed, if known. Describe in detail the proposed work and how it will impact the existing feature. Use as many items as necessary to cover all aspects of the project. If more space is needed, continue on a separate page. Reference work items to accompanying drawings or photographs.

SEE PRINTS.

# Historic Preservation Application Fee Schedule

(Effective January 1, 2002)

## Application Fees

|   |          |
|---|----------|
| Administrative Review   | \$25.00  |
| Historic Preservation Committee Review - Minor Projects   | \$50.00  |
| Historic Preservation Committee Review - Major Projects<br>(New Construction*, Comprehensive Rehabilitation*) | \$200.00 |

\* New Construction - any new construction (including building additions) whose building footprint exceeds 200 sq. ft. This shall not include replacement or reconstruction of existing or documented historic features.

\* Comprehensive Rehabilitation - any exterior alterations affecting more than one architectural feature and exceeding an overall project cost of \$15,000.

|                       |          |
|-----------------------|----------|
| After the Fact Review | \$500.00 |
|-----------------------|----------|

## Advertising Expenses

For applications reviewed by the Historic Preservation Committee, the applicant is responsible for the cost of meeting notices and legal ad.

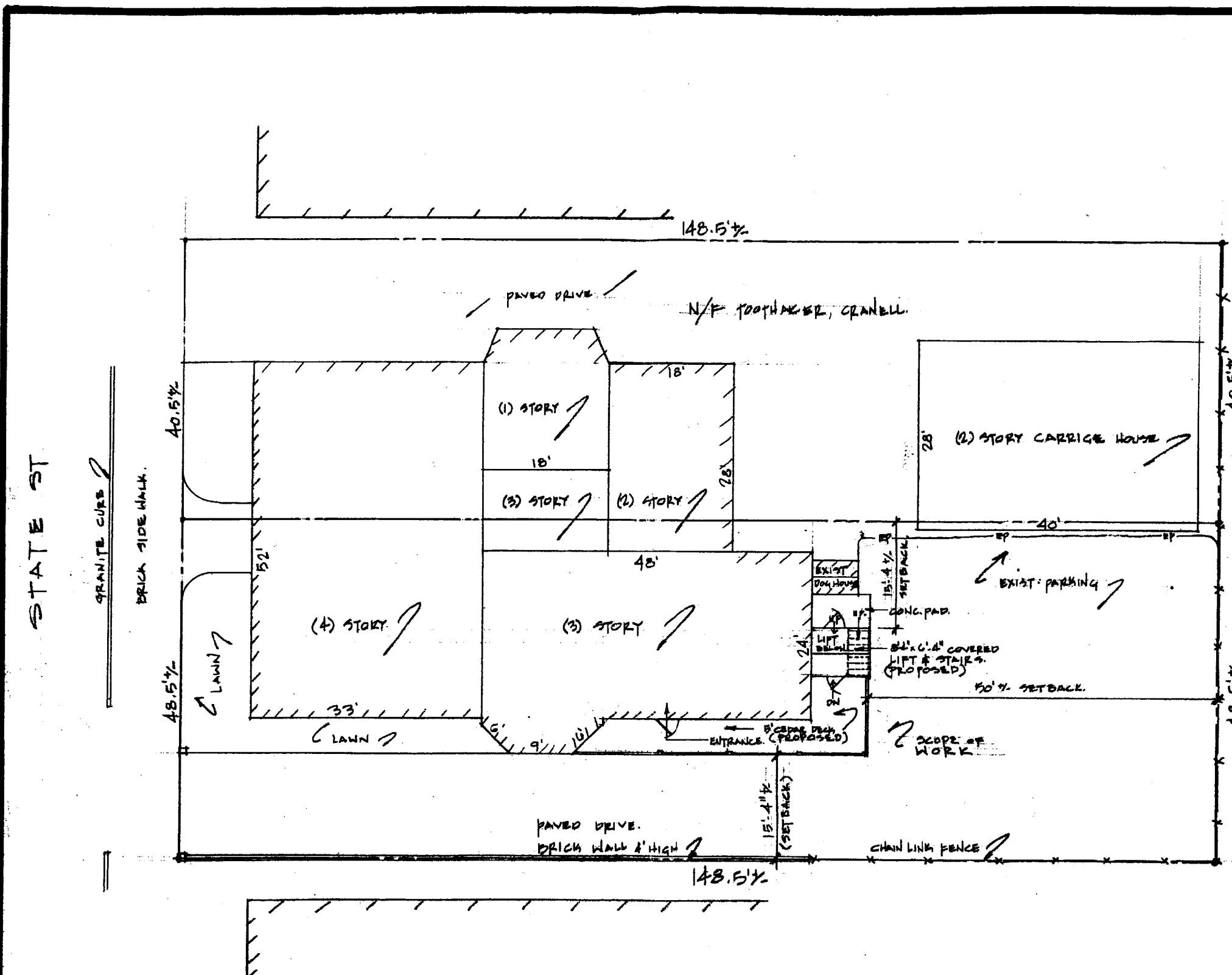
## **Application Deadlines for Historic Preservation Committee Review**

The Historic Preservation Committee meets on the first and third Wednesday of each month. Meetings generally begin at 5:00 and are held in Room 209 of City Hall.

In order for your proposal to be scheduled for a Historic Preservation Committee meeting, a complete application must be received by the Planning Division no later than **Monday morning at 10:00 am of the week prior to the scheduled meeting**. The application fee is also due at that time. Application received after the deadline will be considered at a subsequent meeting.

| <b>Application Deadline</b> | <b>Upcoming Meeting Dates</b> |
|-----------------------------|-------------------------------|
| January 27                  | February 5                    |
| February 10                 | February 19                   |
| February 24                 | March 5                       |
| March 10                    | March 19                      |
| March 24                    | April 2                       |
| April 7                     | April 16                      |
| April 28                    | May 7                         |
| May 12                      | May 21                        |
| May 26                      | June 4                        |
| June 9                      | June 18                       |

*Note: Submission of an application by the deadline does not guarantee that you will be on the next meeting agenda. If the Planning office receives more applications than can be reasonably reviewed in one meeting, staff reserves the option of postponing some items to the following meeting.*



**NOTES:**

- REFERENCES:**
- A) PLAN OF LAND TAKEN FROM CITY OF PORTLAND ASSESSORS MAP NO. 45-B-025-001
  - B) AS DESCRIBED IN CUMBERLAND COUNTY REGISTRY OF DEEDS BOOK NO. PAGE NO.
  - C) OWNER OF RECORD - MERCY HOSPITAL.
- ZONE:**
- A) R-4 RESIDENTIAL.

**LOT SIZE:**

- A) 7,614 S.F. / .175 ACRES.

**SETBACKS**

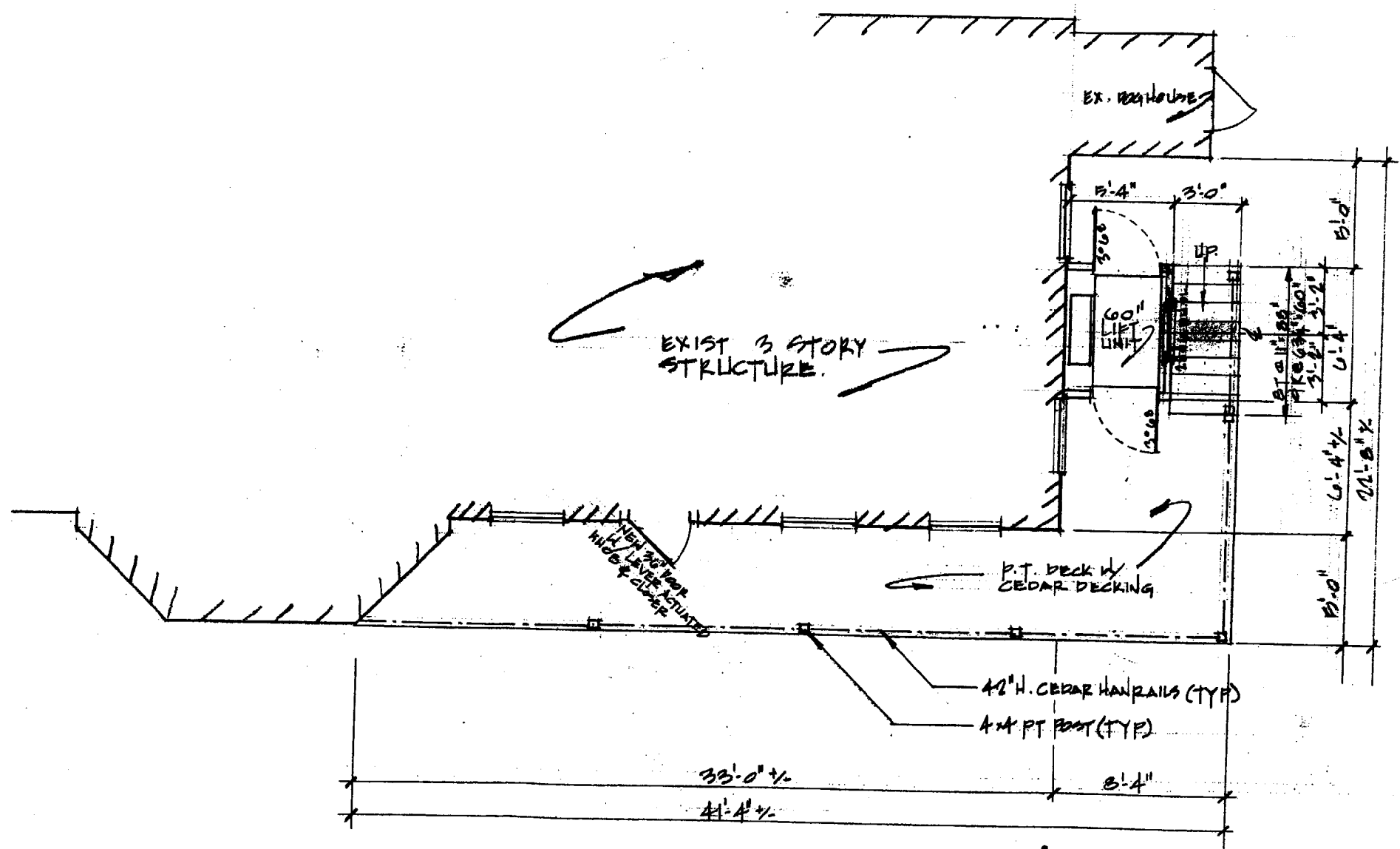
- A) FRONT - 10'
- B) SIDE - 15'
- C) REAR - 20'

**PROPOSED SQUARE FOOTAGE**

- A) DECK = 241 SF.
- B) LIFT & STAIR (COVD) = 53 SF.

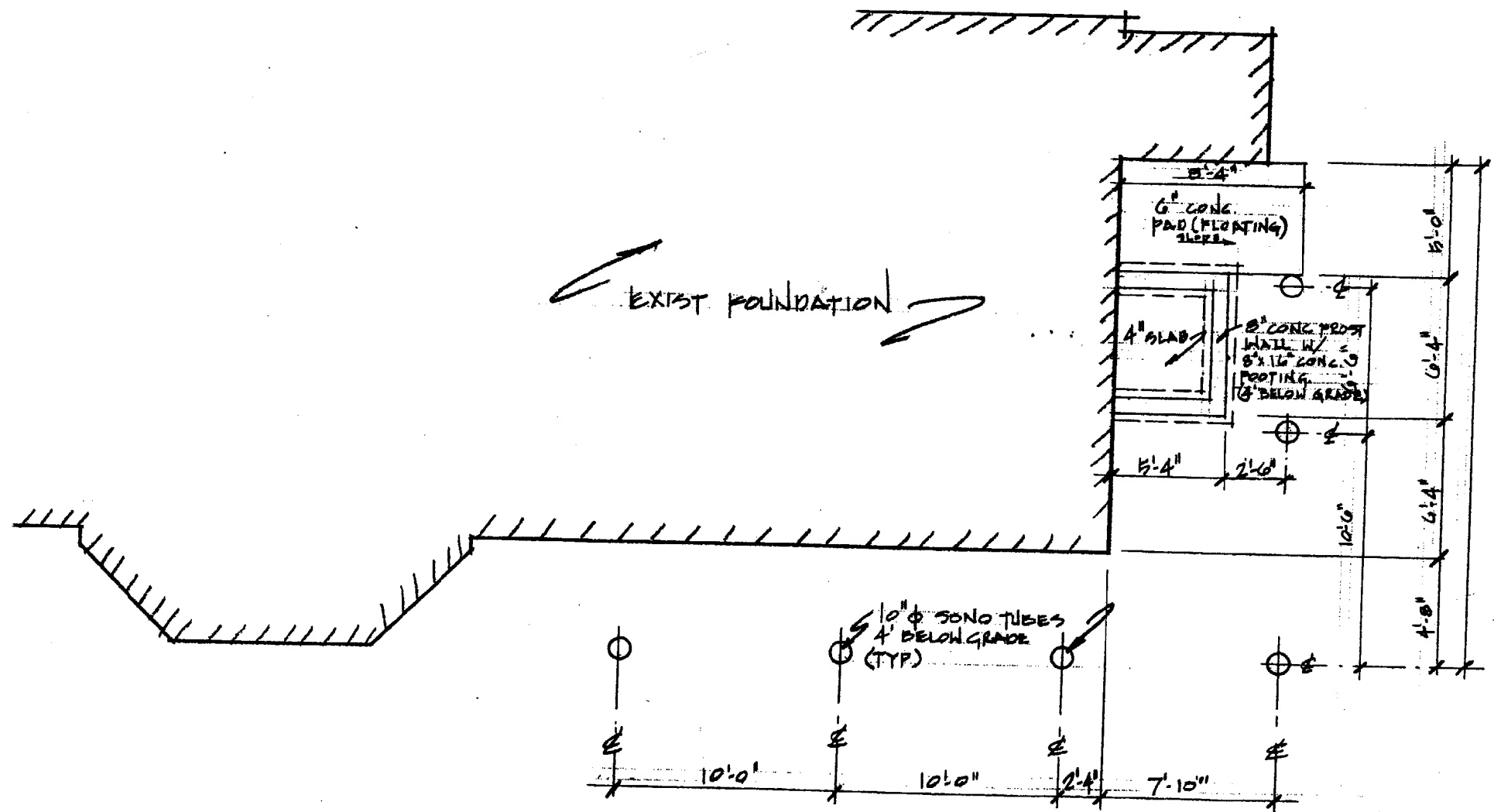
# PLOT PLAN

|  |               |                 |              |
|--|---------------|-----------------|--------------|
| PROP. HANDI-CAP LIFT & DECK FOR<br>MERCY HOSPITAL<br>97 STATE ST - PORTLAND ME |               |                 |              |
| PLANS BY:<br>PENNETT HOMES<br>PO BOX 1461 - WESTBROOK ME<br>207-632-2445       |               |                 |              |
| SCALE<br>1"=10'-0"   | DRAWN<br>DDJH | DATE<br>3.12.03 | SHEET<br>1/5 |



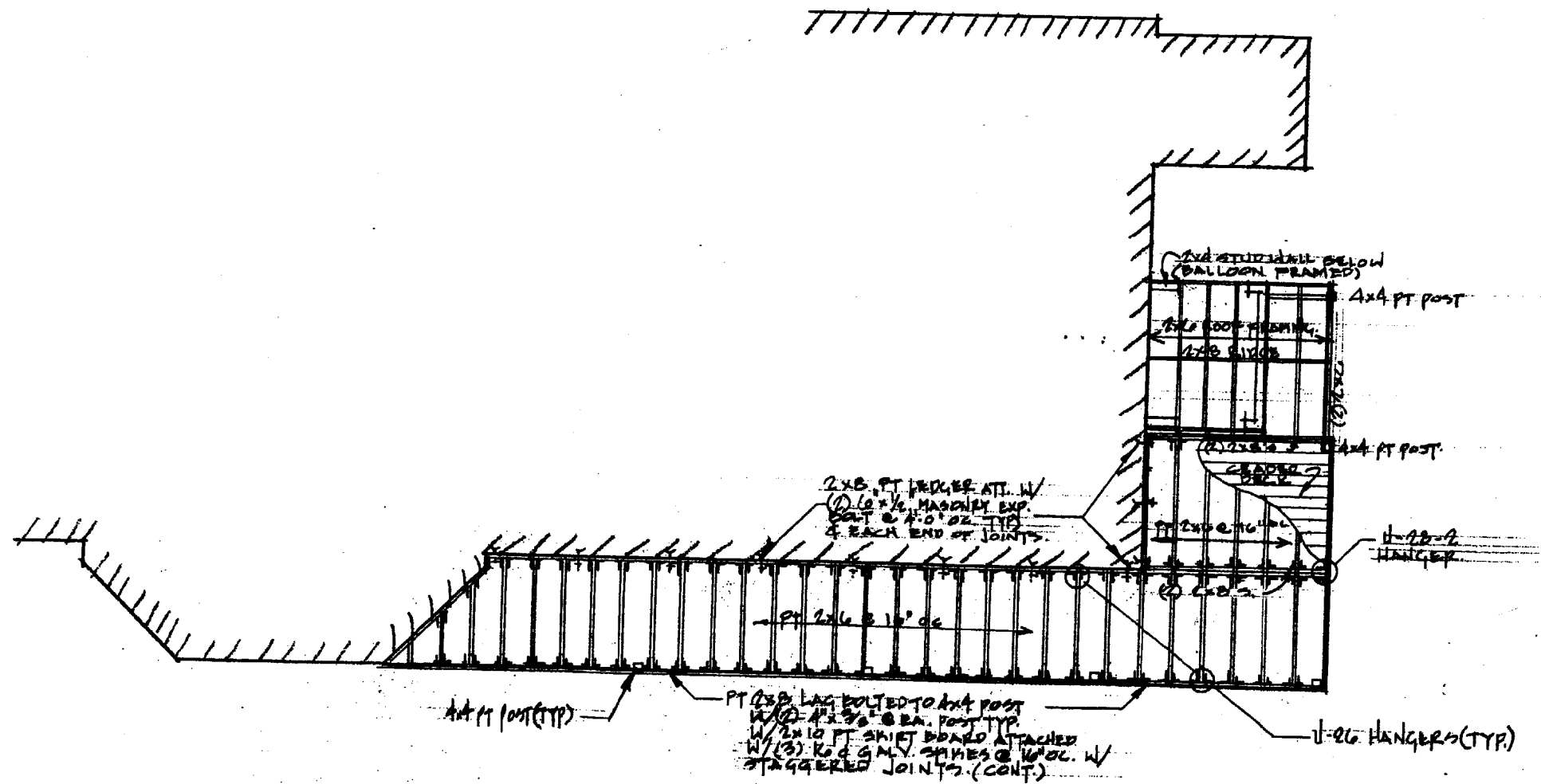
# FLOOR PLAN

|                                   |       |         |       |
|-----------------------------------|-------|---------|-------|
| PROP. HANDI-CAP LIFT & DECK FOR 3 |       |         |       |
| MERCY HOSPITAL                    |       |         |       |
| 97 STATE ST. PORTLAND, ME         |       |         |       |
| PLANS BY:                         |       |         |       |
| BENNETT HOMES                     |       |         |       |
| PO BOX 1461 WESTBROOK ME          |       |         |       |
| 207-692-2445                      |       |         |       |
| SCALE                             | DRAWN | DATE    | SHEET |
| 1/4" = 1'-0"                      | RDJ   | 3.12.03 | 2/5   |



# FOUNDATION PLAN

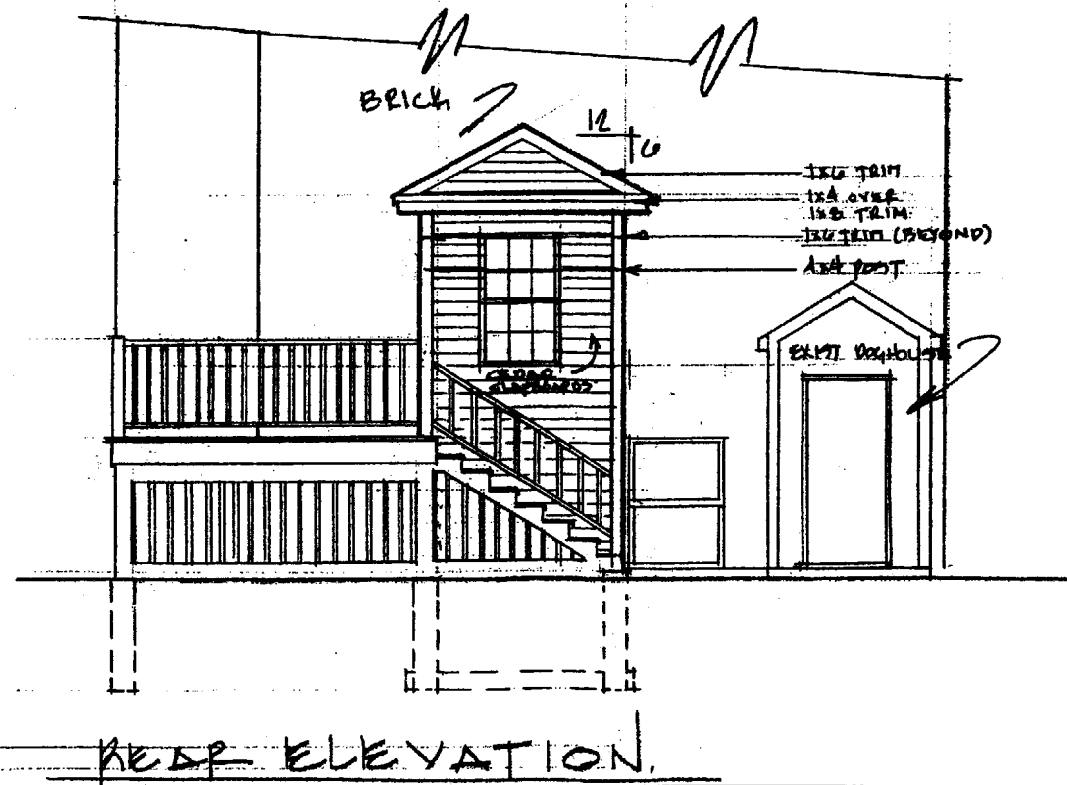
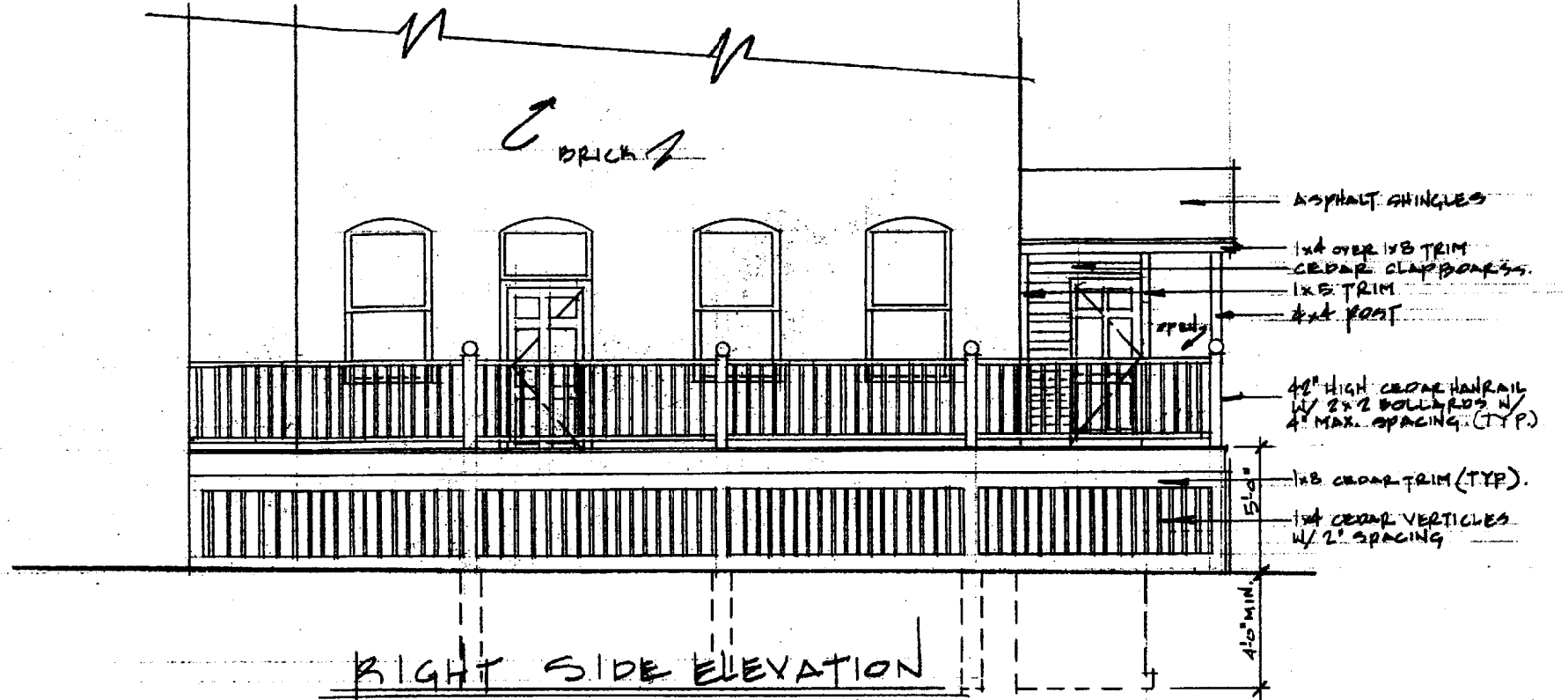
|   |                  |                  |               |
|---|------------------|------------------|---------------|
| PROP HANDI-CAP LIFT & DECK FOR:<br>MERCY HOSPITAL<br>97 STATE ST. PORTLAND, ME. |                  |                  |               |
| PLANS BY:<br>BENNETT HOMES<br>PO BOX 1401 WESTBROOK, ME<br>107-692-2445         |                  |                  |               |
| SCALE:<br>1/4" = 1'-0"  | DRAWN:<br>D.D.J. | DATE:<br>3.12.03 | SHEET:<br>3/5 |



# FRAMMING PLAN

|   |             |                 |              |
|---|-------------|-----------------|--------------|
| PROP. HANDI-CAP LIFT & DECK FOR:<br>MERCY HOSPITAL<br>97 STATE ST. PORTLAND ME. |             |                 |              |
| PLANS BY:<br>BENNETT HOMES<br>10 BOX 146 WESTBROOK ME<br>107-632-2445           |             |                 |              |
| SCALE<br>1/4" = 1'-0"   | DRAN<br>DBJ | DATE<br>3.12.03 | SHEET<br>4/5 |





PROP. HAND-CAP LIFT & DECK FOR:  
 MERCY HOSPITAL  
 97 STATE ST — PORTLAND ME  
 PLANS BY:  
 BENNETT HOMES  
 PO BOX 1401 — WESTBROOK, ME.  
 207-652-2445  
 SCALE 1/4" = 1'-0" DRAWN DDJ. DATE 3.12.03 SHEET 3/5



**CITY OF PORTLAND, MAINE**  
**Department of Building Inspections**

\_\_\_\_\_ 20\_\_\_\_

Received from \_\_\_\_\_

Location of Work \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

Building (IL) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: \_\_\_\_\_

Check #: \_\_\_\_\_

**Total Collected \$** \_\_\_\_\_

# THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy