

**City of Portland, Maine – Building or Use Permit Application** 369 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 39 Ellsworth St		Owner: Maine Medical Center		Phone:		Permit No: 971166			
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:			
Contractor Name: Maletta Construction, Inc.		Address: 129 Walnut St So. Portland, ME		Phone: 04106 883-9546		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>OCT 28 1997</b>  <b>CITY OF PORTLAND</b> </div>			
Past Use: Abandoned Residential		Proposed Use: Vacant Land		COST OF WORK: \$ 13,000.00				PERMIT FEE: \$ 85.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				INSPECTION: Use Group: Type:	
Proposed Project Description: Demolish Structure				Signature: [Signature]		Signature: [Signature]			
Permit Taken By: Mary Greenk		Date Applied For: 23 October 1997							

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

**CERTIFICATION**

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

SIGNATURE OF APPLICANT *Craig B. Budge* ADDRESS: DATE: 23 October 1997 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Zone: CBL: 053-G-013

Zoning Approval:

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

**Historic Preservation**

- Not in District or Landmark
- Does Not Require Review
- Requires Review

**Action:**

- Approved
- Approved with Conditions
- Denied

Date: \_\_\_\_\_

CEO DISTRICT

3

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

Location of Construction: 39 Ellsworth St		Owner: Maine Medical Center		Phone:	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name: Maietta Cosntruction, Inc.		Address: 129 Walnut St So. Portland, ME		Phone: 04106 883-9546	
Past Use: REhab-Hospital Abandoned Residential		Proposed Use: Vacant Land		COST OF WORK: \$ 13,000.00	
				PERMIT FEE: \$ 85.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Demo, Type: Signature: <i>[Signature]</i>	
Proposed Project Description: Demolish Structure		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Permit Taken By: Mary Gresik		Date Applied For: 23 October 1997		Signature: _____ Date: _____	

Permit No: **971166**  
**PERMIT ISSUED**  
 Permit Issued:  
**OCT 28 1997**  
**CITY OF PORTLAND**

Zone: **7-6** CBL: 053-G-013  
 Zoning Approval: *OK with conditions*  
 Special Zone or Reviews:  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

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

**Action:**  
 Approved  
 Approved with Conditions  
 Denied  
 Date: 10/23/97  
*[Signature]*

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*Craig E. Babbidge*  
 SIGNATURE OF APPLICANT Craig Babbidge ADDRESS: \_\_\_\_\_ DATE: 23 October 1997 PHONE: \_\_\_\_\_

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

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

CEO DISTRICT **3**  
*T. Munson*

LAND USE - ZONING REPORT

ADDRESS: 39 Ellsworth St DATE: 10/23/97

REASON FOR PERMIT: To Demolish bldg

BUILDING OWNER: Maime Medical Center C-B-L: 53 - C7 - 13

PERMIT APPLICANT: Craig Babbidge

APPROVED: with conditions DENIED: \_\_\_\_\_

CONDITION(S) OF APPROVAL

1. During its existence, all aspects of the Home Occupation criteria, Section 14-410, shall be maintained.
2. The footprint of the existing \_\_\_\_\_ shall not be increased during maintenance reconstruction.
3. All the conditions placed on the original, previously approved, permit issued on \_\_\_\_\_ are still in effect for this amendment.
4. Your present structure is legally nonconforming as to rear and side setbacks. If you were to demolish the building on your own volition, you will not be able to maintain these same setbacks. Instead you would need to meet the zoning setbacks set forth in today's ordinances. In order to preserve these legally non-conforming setbacks, you may only rebuild the garage in place and in phases.
5. This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.
6. Our records indicate that this property has a legal use of \_\_\_\_\_ units. Any change in this approved use shall require a separate permit application for review and approval.
7. Separate permits shall be required for any signage.
8. Separate permits shall be required for future decks and/or garage.

9. Other requirements of condition This Land SHALL remain VACANT. It shall be leveled & seeded. Any change of use shall require a separate permit for review and approval. A parking lot of any sort is considered a change of use.

Marge Schmuckal Marge Schmuckal, Zoning Administrator,  
Asst. Chief of Code Enforcement

**MAIETTA CONSTRUCTION, INC.**  
 129 Walnut Street  
 SOUTH PORTLAND, MAINE 04106

**LETTER OF TRANSMITTAL**

(207) 883-9546  
 FAX (207) 883-7019

TO CITY OF PORTLAND

DATE	10-22-97	JOB NO.
ATTENTION	Mary GRESIK	
RE:	39 ELLSWORTH ST	
	Demo PERMIT	

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

Shop drawings  Prints  Plans  Samples  Specifications

Copy of letter  Change order  \_\_\_\_\_

COPIES	DATE	NO.	DESCRIPTION
1			DEMOLITION CALL LIST
1			CHECK NO. 8719 FOR \$850.00 TO COVER PERMIT COST
1			STREET OPENING / SEALED DRAIN PERMIT
2			PHOTOGRAPHS

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_
- Approved as submitted
- Approved as noted
- Returned for corrections
- Resubmit \_\_\_\_\_ copies for approval
- Submit \_\_\_\_\_ copies for distribution
- Return \_\_\_\_\_ corrected prints
- PRINTS RETURNED AFTER LOAN TO US

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COPY TO Rose Boynton - MMC

SIGNED: [Signature]

**City of Portland  
Inspection Services Division  
Demolition Call List**

Site Address: 39 ELSWORTH ST. Owner: MAINE MEDICAL CENTER  
 Structure Type: 2 story Wood Construction Contractor: MARISTA CONSTRUCTION

<u>UTILITY APPROVALS</u>	<u>NUMBER</u>	<u>CONTACT NAME/DATE</u>
Central Maine Power	1-800-750-4000	<u>TONY WELCH 10-22-97</u>
NYNEX	878-7000	<u>BOB RAYNES 10-22-97</u>
Northern Utilities	797-8002 X6241	<u>PARRY ROBERTSON 10-22-97</u>
Portland Water District	761-8310	<u>TIM ANDRUSCO 10-22-97</u>
Public Cable Co.	775-3431 X257	<u>TOM SMITH 10-22-97</u>
Dig Safe***	1-888-344-7233	<u>NO. 974-304-751 10-22-97</u>

\*\*\*(After call, there is a wait of 72 bus hrs before digging can begin)

<u>CITY APPROVALS</u>	<u>NUMBER</u>	<u>CONTACT NAME/DATE</u>
DPW/Sewer Division(J.DiPaolo)	874-8300 X8467	<u>DANA VANNIER 10-22-97</u>
DPW/Traffic Division(K.Doughty)	874-8300 X8437	<u>KEN ROBERTSON 10-22-97</u>
DPW/Forestry Division(J.Tarling)	874-8300 X8389	<u>JEFF TAYLOR 10-22-97</u>
DPW/Sealed Drain Permit(C.Merritt)	874-8300 X8822	<u>CAROL MERRITT 10-22-97</u>
Building Inspections( <b>insp required</b> )	874-8300 X8703	
Historic Preservation	874-8300 X8726	<u>DEB ANDREWS 10-22-97</u>
Fire Dispatcher	874-8300 X8676	<u>DEVORE 10-22-97</u>

**Written Notice to Adjoining Owners**

<u>ASBESTOS</u>	<u>NUMBER</u>	<u>CONTACT NAME/DATE</u>
DEP - Environmental (Augusta)	287-2651 (Ed Antz)	<u>ED ANTZ 10-22-97</u>

U.S. EPA Region 1 - No phone call required. Just mail copy of State notification to:  
 Demo/Reno Clerk  
 US EPA Region I (SEA)  
 JFK Federal Building  
 Boston, MA 02203

I have contacted all of the necessary companies/departments as indicated above.

SIGNED: Craig S. Beldridge DATE: 10-22-97

Permit Based on \$13,000.<sup>00</sup> 1st 1,000 = 25,-  
 12 x 5,- = 60  
 \$85.<sup>00</sup> Pd Co # 8719

CITY OF PORTLAND ME PERMIT REQUEST STREET OPENINGS

24 HOUR NO: 883-9546 EXT. 29

PERMIT NUMBER  
DIG SAFE NUMBER 974-304-751

Company Name: MAETTA CONSTRUCTION, INC  
Address: 129 WALNUT STREET, SE. PORTLAND, ME

Date of Request: 10-22-97  
Phone No: 207-883-9546

Hereby request permission to excavate at 39 ELLSWORTH STREET

Beginning 10-27-97 Ending 10-31-97 dates of proposed work.

Purpose, scope, and limits of work to be done; including the utility and description of materials to be used:

DSMG EXISTING ABANDON STRUCTURE

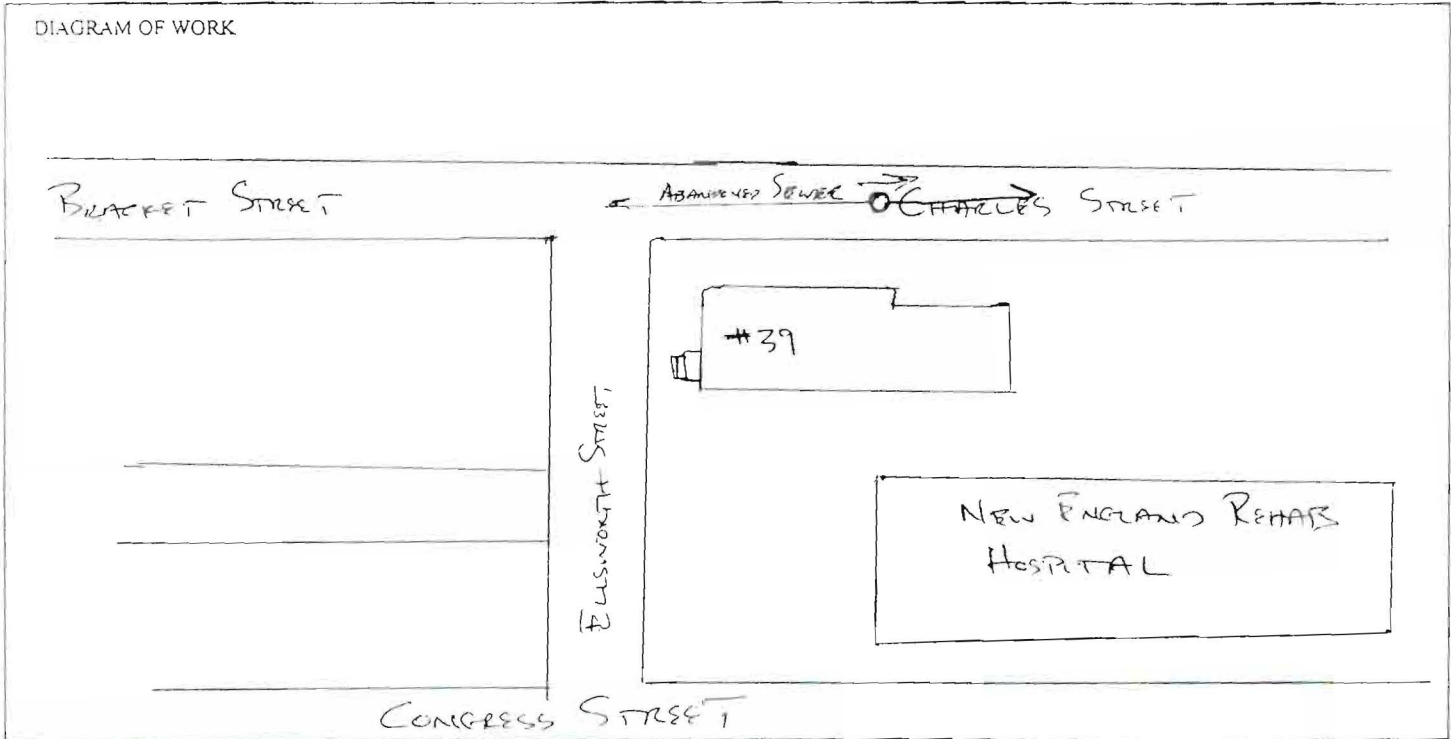
PROPOSE TO CAP SEWER SERVICE AT PROPERTY LINE DUE TO THE FACT THAT THE SEWER LINE IN THE STREET IS ABANDONED

If this is an EMERGENCY, has work been completed? YES \_\_\_\_\_ NO X

Location, size, and number of pavement cuts anticipated: NONE

Method of excavation and backfill with certified soil test; gravel reports must include stockpile location address: N/A

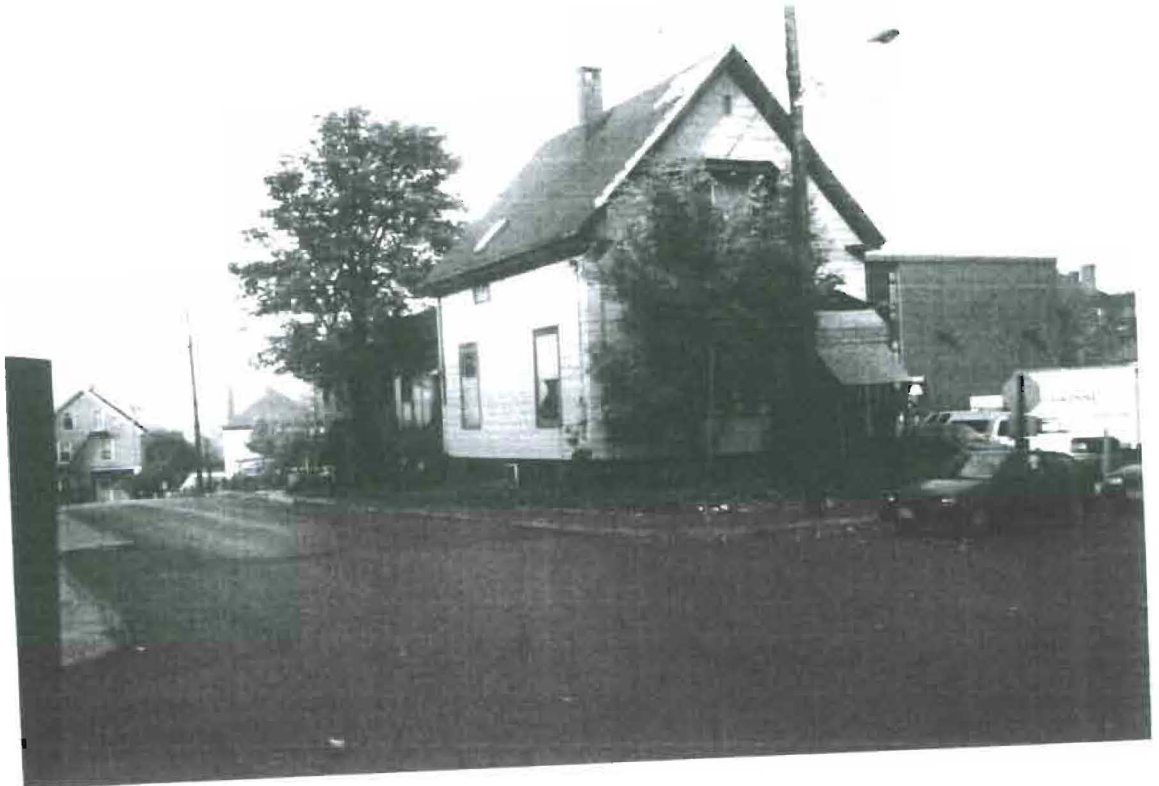
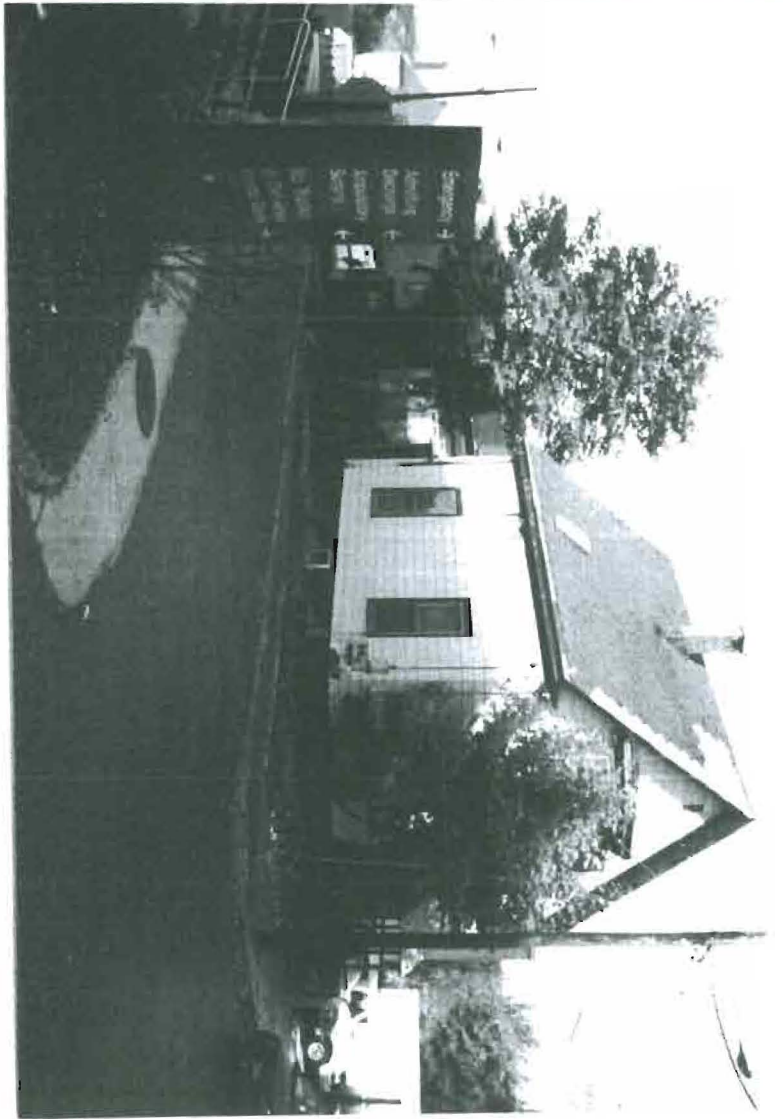
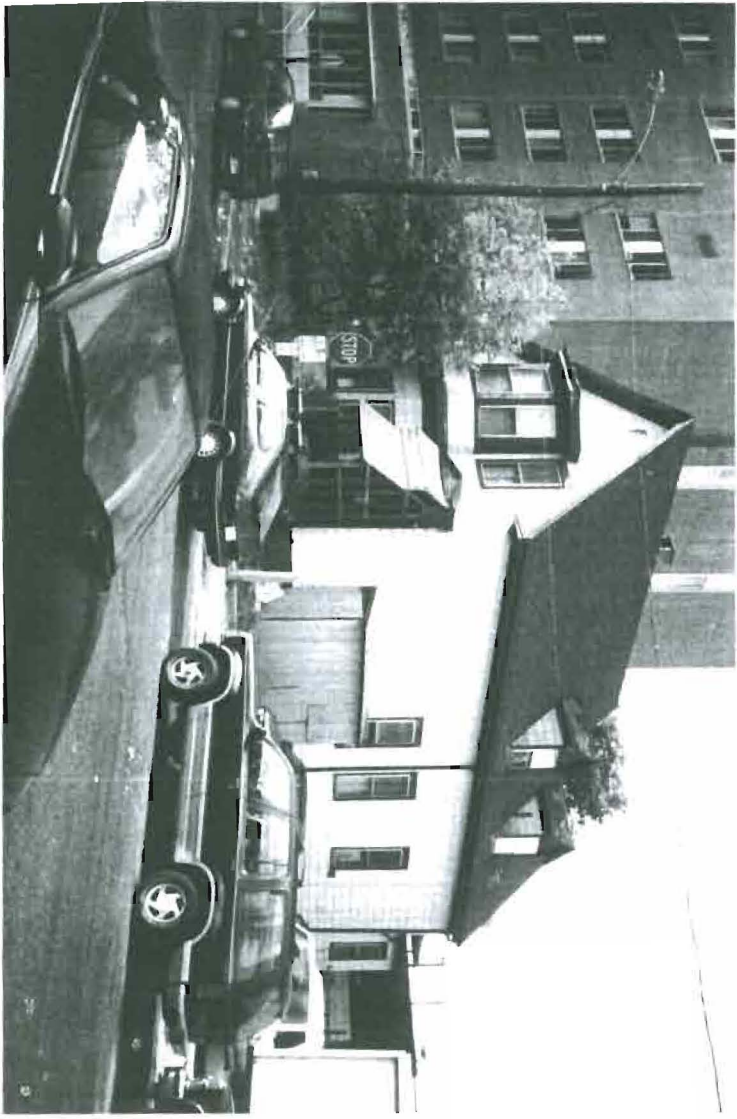
DIAGRAM OF WORK



ALL CONTRACTORS/INDIVIDUALS MUST NOTIFY THE CITY OF PORTLAND, PUBLIC WORKS STREET OPENING INSPECTOR AT 874-8841, 24 HOURS BEFORE EXCAVATING. ALSO, YOU MUST NOTIFY PPW WASTEWATER & DRAINAGE AT 874-8467 FOR INSPECTION BEFORE BACKFILLING SEWER DRAIN CONNECTIONS FOR INSPECTIONS. A MINIMUM OF 4 HOURS NOTICE IS NEEDED. FIVE WORKING DAYS NOTIFICATION MUST BE GIVEN FOR ALL SEWER CONNECTIONS MADE BY THE CITY.

Way S. Blodgett  
Licensed Excavator's Signature

10-22-97  
Date



COMMENTS

Oct 97 - Did pre demo inspection - asbestos had been removed by a contractor - no signs of rodents.

Building demo'd - site cleaned & sealed!

Inspection Record

Type

- Foundation: \_\_\_\_\_
- Framing: \_\_\_\_\_
- Plumbing: \_\_\_\_\_
- Final: \_\_\_\_\_
- Other: \_\_\_\_\_

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_