

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

Location of Construction: 192 Brackett Street 04102		Owner: Nancy Flood		Phone: 207-477-8159		Permit No: 990664
Owner Address: John Flood 470 Young's Ridge Road, Acton, Maine 04001		Lessee/Buyer's Name:		Phone:		
Contractor Name: Doug Venell		Address: Acton, Maine		Phone: 636-1270		B-1 OF PORTLAND Zone: CBL: 056-C-008
Past Use: Day Care Center		Proposed Use: Veterinary Clinic		COST OF WORK: \$ 25,000		
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type 5B Signature: Hoffman
Proposed Project Description: Change of Use from Day Care to Veterinary Clinic with interior renovations to 1st and 2nd floors.				Signature: <i>Hoffman</i>		
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		
Permit Taken By: UB		Date Applied For: June 16, 1999		Signature: _____ Date: _____		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied

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..

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 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

6-16-99

SIGNATURE OF APPLICANT ADDRESS: DATE: 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

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

**Building or Use Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for a Building or Use Permit.

NOTEIf 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 (include Portion of Building): 192 BRACKETT ST PORTLAND			
Total Square Footage of Proposed Structure remodel 2200 SF		Square Footage of Lot 2650	
Tax Assessor's Chart, Block & Lot Number Chart# 056 Block# C Lot# 008		Owner: NANCY FLOOD	Telephone#: 207 477 8159
Owner's Address: John FLOOD 40 YOUNGER RIDGE RD ACTON ME 04001	Lessee/Buyer's Name (If Applicable) (copy to) daughter to Vet clinic		Cost Of Work: \$25,000
			Fee \$150.00
Proposed Project Description: (Please be as specific as possible) remodel existing day care facility into veterinary clinic and upstairs apartment. interior renovations 1st floor #2nd			
Contractor's Name, Address & Telephone DOUG VENELL ACTON ME 207 636 1270			Rec'd By
Current Use: DAY CARE CENTER		Proposed Use: VETERINARY CLINIC	

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
- All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
- All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
- HVAC (Heating, Ventilation and Air Conditioning) installation must comply with the 1993 BOCA Mechanical Code.

You must include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

4) Building Plans

Unless exempted by State Law, construction documents must be designed by a registered design professional.

A complete set of construction drawings showing all of the following elements of construction:

- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
- Floor Plans & Elevations
- Window and door schedules
- Foundation plans with required drainage and dampproofing
- Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

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/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: June 16, 1999
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Building Permit Fee: \$25.00 for the 1st \$1000. cost plus \$5.00 per \$1,000.00 construction cost thereafter.
Additional Site review and related fees are attached on a separate addendum





ACTON VETERINARY SERVICES

JOHN G. FLOOD, D.V.M.

470 Youngs Ridge Road

Acton, Maine 04001

Telephone: (207) 477-8144

RE: 192 Brackett St., Portland

Remodel existing building into a veterinary clinic and apartment.

Agreement Between City of Portland and John and Nancy Flood is enclosed

Owner: Nancy Flood

C/o John Flood

470 Youngs Ridge Rd

Acton, Me 04001

Estimated cost of remodel: \$60,000

1. proposed use; veterinary clinic and apartment
2. land area ^{is 1/4 acre} building area ^{is 1000 SF FOR REMODEL}
3. there are no existing or proposed easements
4. Generation of solid wastes: clinic will be run as an out patient facility. Solid waste generation will similar to a single family dwelling e.g. 1 trash bag per day. No wastes including animal wastes will be stored outside the building as outlined in the agreement with the City of Portland.
5. The building is currently on city water and sewer
6. Surface drainage: there will be no paving or changes in contours that will affect water drainage.
7. Construction schedule: demolition to commence July 1, 1999, remodel to be complete by Aug 30, 1999.
8. No approvals are needed from the state or federal government
9. This project is not dependent upon financing from a bank, technical assistance is being provided by Steven Blatt Architects
10. Deed is enclosed
11. n/a

**Site Review Pre-Application
Multi-Family/Attached Single Family Dwellings/Two-Family Dwelling
or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the Information below for Site Plan Review

NOTEIf 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.**

Applicant <u>NANCY FLOOD</u> <u>JOHN FLOOD</u>	Application Date <u>3-18-99</u>
Applicant's Mailing Address <u>470 YOUNGS RIDGE ACORN ME</u> <u>04001</u>	Project Name/Description <u>BRACKETT ST VETERINARY CLINIC</u>
Consultant/Agent <u>Chris Briley 761-5911</u>	Address Of Proposed Site <u>192 BRACKETT ST</u>
Applicant/Agent Daytime telephone and FAX <u>207-477-8159</u>	Assessor's Reference, Chart#, Block, Lot# <u>056-C-008</u>
Proposed Development (Check all that apply) <input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input checked="" type="checkbox"/> Change of Use <input type="checkbox"/> Residential <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Warehouse/Distribution <input type="checkbox"/> Other(Specify) <u>REMODEL EXISTING BLDG INTO</u> <u>VETERINARY CLINIC</u>	
Proposed Building Square Footage and /or # of Units _____	Acreage of Site _____

B-1 contract



You must Include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) 7 sets of Site Plan packages containing the information found in the attached sample plans and checklist.

(Section 14-522 of the Zoning Ordinance outlines the process, copies are available for review at the counter, photocopies are \$ 0.25 per page)

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/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if an approval for the proposed project or use 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 approval at any reasonable hour to enforce the provisions of the codes applicable to this approval.

Signature of applicant: <u>Nancy Flood</u>	Date: <u>3-17-99</u>
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Site Review Fee: Major \$500.00 Minor 400.00

This application is for site review ONLY, a Building Permit application and associated fees will be required prior to construction.

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

19990033

I. D. Number

John & Nancy Flood

Applicant

470 Youngs Ridge, Acton, ME 04001

Applicant's Mailing Address

Chris Briley

Consultant/Agent

761-5911 **477-8159**

Applicant or Agent Daytime Telephone, Fax

3/18/99

Application Date

Brackett St Veterinary Clinic

Project Name/Description

192 Brackett St

Address of Proposed Site

056-C-008

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 Parking Lot Other (specify)

Proposed Building square Feet or # of Units

Acreage of Site

B-1 contract zone

Zoning

Check Review Required:

Site Plan (major/minor) Subdivision # of lots PAD Review 14-403 Streets Review
 Flood Hazard Shoreland Historic Preservation DEP Local Certification
 Zoning Conditional Use (ZBA/PB) Zoning Variance Other

Fees Paid: Site Plan **\$400.00** Subdivision Engineer Review Date: **3/18/99**

Inspections Approval Status:

Reviewer **Marge Schmuckal**

Approved **Approved w/Conditions see attached** Denied

Approval Date **6/25/99** Approval Expiration Extension to 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	
<input type="checkbox"/> Building Permit Issued	_____		
	date		
<input type="checkbox"/> Performance Guarantee Reduced	_____	_____	_____
	date	remaining balance	signature
<input type="checkbox"/> Temporary Certificate of Occupancy	_____	<input type="checkbox"/> Conditions (See Attached)	
	date		
<input type="checkbox"/> Final Inspection	_____	_____	
	date	signature	
<input type="checkbox"/> Certificate Of Occupancy	_____		
	date		
<input type="checkbox"/> Performance Guarantee Released	_____	_____	
	date	signature	
<input type="checkbox"/> Defect Guarantee Submitted	_____	_____	_____
	submitted date	amount	expiration date
<input type="checkbox"/> Defect Guarantee Released			

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

19990033

I. D. Number

John & Nancy Flood

Applicant

470 Youngs Ridge, Acton, ME 04001

Applicant's Mailing Address

Chris Briley

Consultant/Agent

761-5911

477-8159

Applicant or Agent Daytime Telephone, Fax

3/18/99

Application Date

Brackett St Veterinary Clinic

Project Name/Description

192 Brackett St

Address of Proposed Site

056-C-008

Assessor's Reference: Chart-Block-Lot

DRC Conditions of Approval

Planning Conditions of Approval

- that the window be removed within the kennel area

Inspections Conditions of Approval

1. All the conditions of this B-1 contract zone shall be met during the existence of this use.
2. The number of dogs permitted overnight at the facility shall be no more than six. There shall be no limits on cats.
3. The Floods shall maintain the existing residential unit located on the second floor of the structure.
4. Office hours shall be limited to 30 hours per week. There shall be no more than 4 clinic employees, including vets working at one time.
5. No waste of any type shall be stored outside of the existing structure.
6. Prior to occupancy the submitted sound insulation installation shall be tested so that the noise standards can be proved to be met.
7. Mechanical air exchange and cooling system shall be maintained and adequate per the conditioned requirements.
8. All housing of animals shall be located within a completely enclosed structure.
9. Signage shall require a separate permit.

Fire Conditions of Approval

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

19990033
I. D. Number

John & Nancy Flood

Applicant

470 Youngs Ridge, Acton, ME 04001

Applicant's Mailing Address

Chris Briley

Consultant/Agent

761-5911 477-8159

Applicant or Agent Daytime Telephone, Fax

3/18/99

Application Date

Brackett St Veterinary Clinic

Project Name/Description

192 Brackett St

Address of Proposed Site

056-C-008

Assessor's Reference: Chart-Block-Lot

Proposed Development (check all that apply):
 Office Retail Manufacturing Warehouse/Distribution Parking Lot Change Of Use Residential Other (specify) _____
 New Building Building Addition

Proposed Building square Feet or # of Units _____ Acreage of Site _____ Zoning _____

Check Review Required:

Site Plan (major/minor) Subdivision # of lots _____ PAD Review 14-403 Streets Review
 Flood Hazard Shoreland Historic Preservation DEP Local Certification
 Zoning Conditional Use (ZBA/PB) Zoning Variance Other _____

Fees Paid: Site Plan **\$400.00** Subdivision _____ Engineer Review _____ Date: **3/18/99**

Fire Approval Status:

Approved Approved w/Conditions see attached Denied Denied
 Reviewer *U. King*
 Approval Date _____ Approval Expiration _____ Extension to _____ 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	
<input type="checkbox"/> Building Permit Issued	_____		
	date		
<input type="checkbox"/> Performance Guarantee Reduced	_____	_____	_____
	date	remaining balance	signature
<input type="checkbox"/> Temporary Certificate of Occupancy	_____	<input type="checkbox"/> Conditions (See Attached)	
	date		
<input type="checkbox"/> Final Inspection	_____	_____	
	date	signature	
<input type="checkbox"/> Certificate of Occupancy	_____		
	date		
<input type="checkbox"/> Performance Guarantee Released	_____	_____	
	date	signature	
<input type="checkbox"/> Defect Guarantee Submitted	_____	_____	_____
	submitted date	amount	expiration date
<input type="checkbox"/> Defect Guarantee Released	_____	_____	
	date	signature	

**CITY OF PORTLAND, MAINE
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Applicant's Mailing Address

Chris Briley

Consultant/Agent

761-5911

477-8159

Applicant or Agent Daytime Telephone, Fax

3/18/99

Application Date

Brackett St Veterinary Clinic

Project Name/Description

192 Brackett St

Address of Proposed Site

056-C-008

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 Parking Lot Other (specify) _____

Proposed Building square Feet or # of Units

Acreage of Site

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"/> Other _____ | |

Fees Paid: Site Plan \$400.00 Subdivision _____ Engineer Review _____ Date 3/18/99

Planning Approval Status:

Reviewer

- Approved Approved w/Conditions
See Attached Denied

Approval Date 6/11/99

Approval Expiration 6/11/00

Extension to _____

Additional Sheets
Attached

OK to Issue Building Permi

Kandi Talbot
signature

6/11/99
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 | |
| <input type="checkbox"/> Building Permit Issue | _____ | | |
| | date | | |
| <input type="checkbox"/> Performance Guarantee Reduced | _____ | _____ | _____ |
| | date | remaining balance | signature |
| <input type="checkbox"/> Temporary Certificate of Occupancy | _____ | <input type="checkbox"/> Conditions (See Attached) | |
| | date | | |
| <input type="checkbox"/> Final Inspection | _____ | _____ | |
| | date | signature | |
| <input type="checkbox"/> Certificate Of Occupancy | _____ | | |
| | date | | |
| <input type="checkbox"/> Performance Guarantee Released | _____ | _____ | |
| | date | signature | |
| <input type="checkbox"/> Defect Guarantee Submitted | _____ | _____ | _____ |
| | submitted date | amount | expiration date |
| <input type="checkbox"/> Defect Guarantee Released | _____ | _____ | |
| | date | signature | |

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DEVELOPMENT REVIEW APPLICATION
PLANNING DEPARTMENT PROCESSING FORM**

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I. D. Number

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477-8159

Applicant or Agent Daytime Telephone, Fax

3/18/99

Application Date

Brackett St Veterinary Clinic

Project Name/Description

192 Brackett St

Address of Proposed Site

056-C-008

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 Zoning Conditional Use (ZBA/PB) Zoning Variance Other _____

Fees Paid: Site Plan **\$400.00** Subdivision _____ Engineer Review _____ Date: **3/18/99**

DRC Approval Status:

Reviewer _____

Approved Approved w/Conditions see attache Denied

Approval Date **6/11/99** Approval Expiration **6/11/00** Extension to _____ Additional Sheets Attached

Condition Compliance **Jim Wendel** **6/11/99**
signature date

Performance Guarantee Required* Not Required

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Performance Guarantee Accepted _____ date _____ amount _____ expiration date

Inspection Fee Paid _____ date _____ amount _____

Building Permit _____ date _____

Performance Guarantee Reduced _____ date _____ remaining balance _____ signature _____

Temporary Certificate Of Occupancy _____ date _____ Conditions (See Attached)

Final Inspection _____ date _____ signature _____

Certificate Of Occupancy _____ date _____

Performance Guarantee Released _____ date _____ signature _____

Defect Guarantee Submitted _____ submitted date _____ amount _____ expiration date

Defect Guarantee Released _____ date _____ signature _____

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

19990033

I. D. Number

John & Nancy Flood

Applicant

470 Youngs Ridge, Acton, ME 04001

Applicant's Mailing Address

Chris Briley

Consultant/Agent

761-5911 477-8159

Applicant or Agent Daytime Telephone, Fax

3/18/99

Application Date

Brackett St Veterinary Clinic

Project Name/Description

192 Brackett St

Address of Proposed Site

056-C-008

Assessor's Reference: Chart-Block-Lot

DRC Conditions of Approval

Planning Conditions of Approval

- that the window be removed within the kennel area

Inspections Conditions of Approval

Fire Conditions of Approval



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 192 Brackett Street

056-L-008

Issued to Nancy Flood

Date of Issue 11/9/99

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. 990664, 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

First floor only

APPROVED OCCUPANCY

Use group B
Type 5B
BOCA 96
Veterinary Clinic

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

11-7-99 *Monland Wing*
.....
(Date) Inspector

[Handwritten Signature]
.....
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.

11/10/99 *[Handwritten]*

COMMENTS

8-99 Did Roughin of Plumbing that was under Slab and in the walls For apt + vet center. (FR)

11/8/99 Checked Plumbing limit Inspection checked traps + water closet from FM supplies

11/8/99 Checked ramp railing height balustrade done interior floors completed OK for occupancy
Randy

Inspection Record

Type

Foundation: _____
Framing: _____
Plumbing: _____
Final: _____
Other: _____

Date

