

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

## BUILDING INSPECTION

### PERMIT

Permit Number: 070743

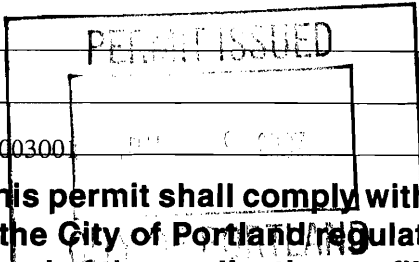
Please Read  
Application And  
Notes, If Any,  
Attached

This is to certify that MAINE MEDICAL CENTER Seacoast Security

has permission to Fire Alarm System

AT 231 WESTERN PROMENADE

063 E003001



provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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.

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

Notification of inspection must be given and when permission procured before this building or part thereof is laid or closed-in. 24 HOUR NOTICE IS REQUIRED.

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

#### OTHER REQUIRED APPROVALS

Fire Dept. Craig Cress

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

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

Other \_\_\_\_\_  
Department Name

*[Signature]* 7/19/07  
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

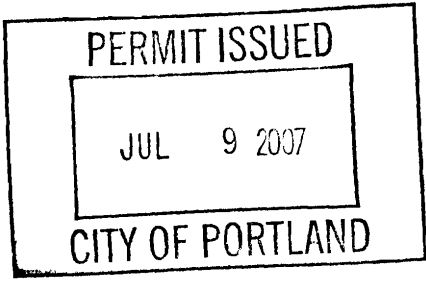
|                       |             |                     |
|-----------------------|-------------|---------------------|
| Permit No:<br>07-0743 | Issue Date: | CBL:<br>063 E003001 |
|-----------------------|-------------|---------------------|

|  |                                       |   |                      |
|--|---------------------------------------|---|----------------------|
| Location of Construction:<br>231 WESTERN PROMENADE | Owner Name:<br>MAINE MEDICAL CENTER   | Owner Address:<br>22 BRAMHALL ST                | Phone:               |
| Business Name:                                     | Contractor Name:<br>Seacoast Security | Contractor Address:<br>4 Summer Street Freeport | Phone:<br>2078650394 |
| Lessee/Buyer's Name                                | Phone:                                | Permit Type:<br>Fire Alarm System               | Zone:<br>R-4         |

|  |   |   |  |                    |
|--|---|---|--|--------------------|
| Past Use:<br>Educational school use with accessory rooming facilities / MMC - "Chisholm House"                           | Proposed Use:<br>Educational school use with accessory rooming facilities / MMC Fire Alarm System | Permit Fee:<br>\$190.00   | Cost of Work:<br>\$16,147.00   | CEO District:<br>2 |
| Proposed Project Description:<br>Fire Alarm System   |   | FIRE DEPT: <input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br><i>See conditions</i> | INSPECTION:<br>Use Group: <input checked="" type="checkbox"/> Type:<br><i>NFPA</i> |                    |
|  |   | Signature: <i>Greg Case</i>   | Signature: <i>[Signature]</i>  |                    |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  |   |   |  |                    |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied |   |   |  |                    |
| Signature: _____ Date: _____   |   |   |  |                    |

|                             |                                 |                        |
|-----------------------------|---------------------------------|------------------------|
| Permit Taken By:<br>dmartin | Date Applied For:<br>06/18/2007 | <b>Zoning Approval</b> |
|-----------------------------|---------------------------------|------------------------|

|   |   |   |   |
|---|---|---|---|
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p> | <p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland <i>No use change</i></p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>OK</i><br/>Date: <i>6/21/07</i></p> | <p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p> | <p>Historic Preservation</p> <p><input type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>ANY exterior work requires a separate review &amp; approval</i></p> <p>Date: _____</p> |
|---|---|---|---|



**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 |

**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>07-0743 | <b>Date Applied For:</b><br>06/18/2007 | <b>CBL:</b><br>063 E003001 |
|------------------------------|--|----------------------------|

|   |  |  |                                |
|---|--|--|--------------------------------|
| <b>Location of Construction:</b><br>231 WESTERN PROMENADE | <b>Owner Name:</b><br>MAINE MEDICAL CENTER   | <b>Owner Address:</b><br>22 BRAMHALL ST                | <b>Phone:</b>                  |
| <b>Business Name:</b>                                     | <b>Contractor Name:</b><br>Seacoast Security | <b>Contractor Address:</b><br>4 Summer Street Freeport | <b>Phone</b><br>(207) 865-0394 |
| <b>Lessee/Buyer's Name</b>                                | <b>Phone:</b>                                | <b>Permit Type:</b><br>Fire Alarm System               |                                |

|   |   |
|---|---|
| <b>Proposed Use:</b><br>Educational school use with accessory rooming facilities / MMC<br>Fire Alarm System | <b>Proposed Project Description:</b><br>Fire Alarm System |
|---|---|

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 06/21/2007  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved      **Reviewer:**      **Approval Date:**      **Ok to Issue:**

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 06/27/2007  
**Note:**      **Ok to Issue:**

- 1) No smokes in community room??????  
Smokes in kitchen and bath can be replaced with Heats.



# General Building Permit Application

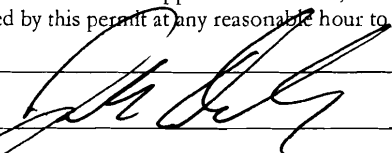
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

|  |  |  |
|--|--|--|
| Location/Address of Construction: <u>233 Western Promenade</u>   |  |  |
| Total Square Footage of Proposed Structure   |  | Square Footage of Lot  |
| Tax Assessor's Chart, Block & Lot<br>Chart#      Block#      Lot#  | Owner:<br><u>MMC Property Management</u> | Telephone:<br><u>207 662-</u>  |
| Lessee/Buyer's Name (If Applicable)  | Applicant name, address & telephone:     | Cost Of Work: \$ <u>16,147.36</u><br>Fee: \$ _____<br>C of O Fee: \$ _____ |
| Current legal use (i.e. single family) <u>Commercial MMC</u><br>If vacant, what was the previous use? _____<br>Proposed Specific use: _____<br>Is property part of a subdivision? _____ If yes, please name _____<br>Project description: <u>Fire Alarm System</u> | <u>Cheslow House</u>                     |  |
| Contractor's name, address & telephone:  |  |  |
| Who should we contact when the permit is ready: <u>Jack</u>  |  |  |
| Mailing address: _____ Phone: <u>(207) 885-0394</u>  |  |  |

Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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: <u>06-17-07</u> |
|---|-----------------------|

This is not a permit; you may not commence ANY work until the permit is issued.

# ELECTRICAL PERMIT

## City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date June 19 07  
 Permit # 07 4448  
 CBL# 63 E 004

LOCATION: 233 Western Prom METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER MMC Property Management  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

**TOTAL EACH FEE**

| OUTLETS                      | Receptacles       | Switches      | Smoke Detector   | TOTAL EACH FEE |       |
|------------------------------|-------------------|---------------|------------------|----------------|-------|
|                              |                   |               |                  | .20            |       |
| FIXTURES                     | Incandescent      | Fluorescent   | Strips           | .20            |       |
| SERVICES                     | Overhead          | Underground   | TTL AMPS <800    | 15.00          |       |
|                              | Overhead          | Underground   | >800             | 25.00          |       |
| Temporary Service            | Overhead          | Underground   | TTL AMPS         | 25.00          |       |
|                              |                   |               |                  | 25.00          |       |
| METERS                       | (number of)       |               |                  | 1.00           |       |
| MOTORS                       | (number of)       |               |                  | 2.00           |       |
| RESID/COM                    | Electric units    |               |                  | 1.00           |       |
| HEATING                      | oil/gas units     | Interior      | Exterior         | 5.00           |       |
|                              |                   |               |                  |                |       |
| APPLIANCES                   | Ranges            | Cook Tops     | Wall Ovens       | 2.00           |       |
|                              | Insta-Hot         | Water heaters | Fans             | 2.00           |       |
|                              | Dryers            | Disposals     | Dishwasher       | 2.00           |       |
|                              | Compactors        | Spa           | Washing Machine  | 2.00           |       |
|                              | Others (denote)   |               |                  | 2.00           |       |
|                              | MISC. (number of) | Air Cond/win  |                  |                | 3.00  |
|                              |                   | Air Cond/cent |                  | Pools          | 10.00 |
| HVAC                         |                   | EMS           | Thermostat       | 5.00           |       |
| Signs                        |                   |               |                  | 10.00          |       |
| Alarms/res                   |                   |               |                  | 5.00           |       |
| Alarms/com                   |                   |               |                  | 15.00          |       |
| Heavy Duty(CRKT)             |                   |               |                  | 2.00           |       |
| Circus/Carnv                 |                   |               |                  | 25.00          |       |
| Alterations                  |                   |               |                  | 5.00           |       |
| Fire Repairs                 |                   |               |                  | 15.00          |       |
| E Lights                     |                   |               | 1.00             |                |       |
| E Generators                 |                   |               | 20.00            |                |       |
| PANELS                       | Service           | Remote        | Main             | 4.00           |       |
|                              | TRANSFORMER       | 0-25 Kva      |                  | 5.00           |       |
|                              |                   | 25-200 Kva    |                  | 8.00           |       |
| Over 200 Kva                 |                   |               | 10.00            |                |       |
|                              |                   |               | TOTAL AMOUNT DUE |                |       |
| MINIMUM FEE/COMMERCIAL 55.00 |                   |               | MINIMUM FEE      | 45.00          |       |

CONTRACTORS NAME Seacoast Security MASTER LIC. # \_\_\_\_\_  
 ADDRESS 4 Summer St Freeport ME 04032 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE (207) 865-0394

SIGNATURE OF CONTRACTOR [Signature]

# ELECTRICAL PERMIT

## City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date June 19, 07  
 Permit # 07-4449  
 CBL# 47 C034

LOCATION: 605 Congress St METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Local 100 LLC  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

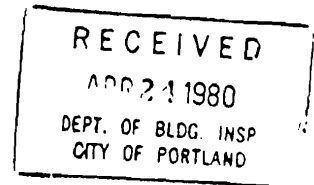
|                                     |                          |               |                 |  |       | TOTAL EACH FEE |       |
|-------------------------------------|--------------------------|---------------|-----------------|--|-------|----------------|-------|
| <b>OUTLETS</b>                      | Receptacles              | Switches      | Smoke Detector  |  |       | .20            |       |
| <b>FIXTURES</b>                     | Incandescent             | Fluorescent   | Strips          |  |       | .20            |       |
| <b>SERVICES</b>                     | Overhead                 | Underground   | TTL AMPS <800   |  |       | 15.00          |       |
|                                     | Overhead                 | Underground   | >800            |  |       | 25.00          |       |
| <b>Temporary Service</b>            | Overhead                 | Underground   | TTL AMPS        |  |       | 25.00          |       |
|                                     |                          |               |                 |  |       | 25.00          |       |
| <b>METERS</b>                       | (number of)              |               |                 |  |       | 1.00           |       |
| <b>MOTORS</b>                       | (number of)              |               |                 |  |       | 2.00           |       |
| <b>RESID/COM</b>                    | Electric units           |               |                 |  |       | 1.00           |       |
| <b>HEATING</b>                      | oil/gas units            | Interior      | Exterior        |  |       | 5.00           |       |
|                                     |                          |               |                 |  |       |                |       |
| <b>APPLIANCES</b>                   | Ranges                   | Cook Tops     | Wall Ovens      |  |       | 2.00           |       |
|                                     | Insta-Hot                | Water heaters | Fans            |  |       | 2.00           |       |
|                                     | Dryers                   | Disposals     | Dishwasher      |  |       | 2.00           |       |
|                                     | Compactors               | Spa           | Washing Machine |  |       | 2.00           |       |
|                                     | Others (denote)          |               |                 |  |       | 2.00           |       |
|                                     | <b>MISC. (number of)</b> | Air Cond/win  |                 |  |       |                | 3.00  |
|                                     |                          | Air Cond/cent |                 |  | Pools |                | 10.00 |
| HVAC                                |                          | EMS           | Thermostat      |  |       | 5.00           |       |
| Signs                               |                          |               |                 |  |       | 10.00          |       |
| Alarms/res                          |                          |               |                 |  |       | 5.00           |       |
| Alarms/com                          |                          |               |                 |  |       | 15.00          |       |
| Heavy Duty(CRKT)                    |                          |               |                 |  |       | 2.00           |       |
| Circus/Carnv                        |                          |               |                 |  |       | 25.00          |       |
| Alterations                         |                          |               |                 |  |       | 5.00           |       |
| Fire Repairs                        |                          |               |                 |  |       | 15.00          |       |
| E Lights                            |                          |               |                 |  | 1.00  |                |       |
| E Generators                        |                          |               |                 |  | 20.00 |                |       |
| <b>PANELS</b>                       | Service                  | Remote        | Main            |  |       | 4.00           |       |
|                                     | <b>TRANSFORMER</b>       | 0-25 Kva      |                 |  |       | 5.00           |       |
|                                     |                          | 25-200 Kva    |                 |  |       | 8.00           |       |
| Over 200 Kva                        |                          |               |                 |  | 10.00 |                |       |
| TOTAL AMOUNT DUE                    |                          |               |                 |  |       |                |       |
| <b>MINIMUM FEE/COMMERCIAL 55.00</b> |                          |               |                 |  |       | <b>45.00</b>   |       |

CONTRACTORS NAME Seacoast Security MASTER LIC. # \_\_\_\_\_  
 ADDRESS 4 Summer St Portland Regent 04106 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_

SIGNATURE OF CONTRACTOR \_\_\_\_\_



MAINE MEDICAL CENTER • PORTLAND, MAINE 04102



233 Western Prom

April 24, 1980

Mr. Malcolm Ward  
Department of Building Inspection  
City Hall  
Portland, Maine 04101

Dear Mr. Ward:

As Associate Vice President of the Maine Medical Center, please accept this letter as confirmation of recent discussions relating to property at 233 Western Promenade, commonly known as Chisholm House, owned by the hospital, a private non-profit corporation. The Chisholm House property is made up of Lots 3, 4 and 9, Block E of Tax Map 63 of the City of Portland consisting of 41,772 square feet which is nearly one acre.

First, I would like to correct a statement on the Application for Building Permit as filed by F.P. & C.H. Murray, Inc. (10 sheets of plans) on April 10, 1980, which incorrectly states that the premises are to undergo a change of use from office space to nurses residence. More accurately, the current use of the Chisholm House is that of a teaching and education facility for hospital related programs; namely, the Family Nurses Associate Program of the University of Southern Maine, the Emergency Medical Service Project (State Department of Human Services) and finally, the Center for Community Dental Health Program. In addition, the Chisholm House currently contains medical and administrative offices and overnight accommodations for those associated with said programs.

More recently, the hospital has entered into a contractual agreement with the University of Vermont Medical School to establish a teaching affiliation at the Maine Medical Center, with the Chisholm House being the focal point of this relationship. The first floor area of the Chisholm House, with the exception of one bedroom, will be devoted to teaching and conference areas. The ten bedrooms in Chisholm House will be used to house both faculty members and students coming to Portland from the University of Vermont. The faculty members will teach the students in the teaching and conference areas of Chisholm House and within the Maine Medical Center itself; the exact proportion of time spent in either area will have to depend upon the requirements of the particular subject matter under instruction, but nevertheless, substantial instruction and teaching will take place in Chisholm House itself.

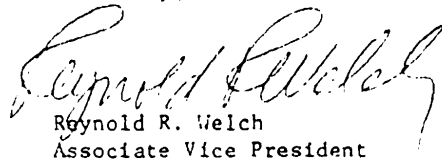
Mr. Malcolm Ward  
Page 2  
April 24, 1980

All occupants of Chisholm House will be required to use the off street parking facilities of the Maine Medical Center on Bramhall Street, directly across from the hospital, thus there should be no added traffic congestion.

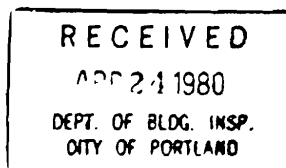
It is my understanding that the said use by the hospital of Chisholm House is allowable in the R 4 Zone by virtue of Sec. 602.5 A1 of the City Zoning Ordinance.

I trust that this letter of confirmation will give you sufficient information to issue said building permit sought by F.P. & C.H. Murray, Inc. If you have any further questions, please do not hesitate to call.

Sincerely,

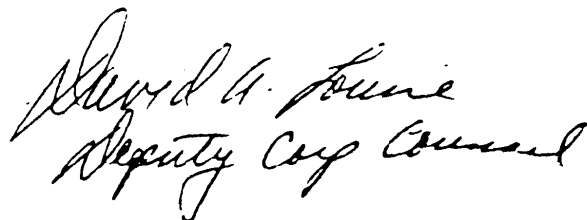
  
Reynold R. Welch  
Associate Vice President

RRW:klp

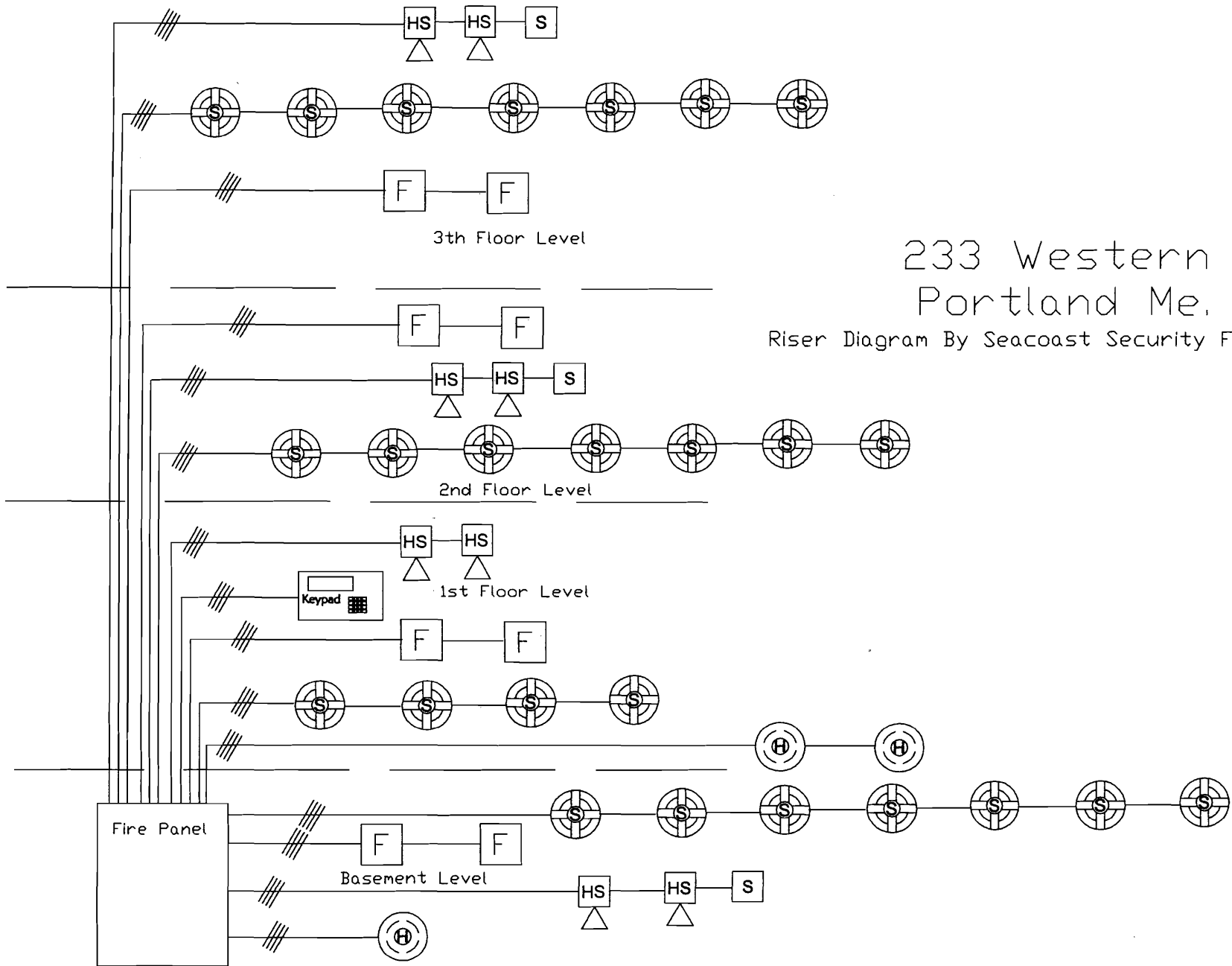


4-24-80

Appears to be a school use with accessory rooming facilities which would be an allowable use in Zone.

  
Deputy City Council

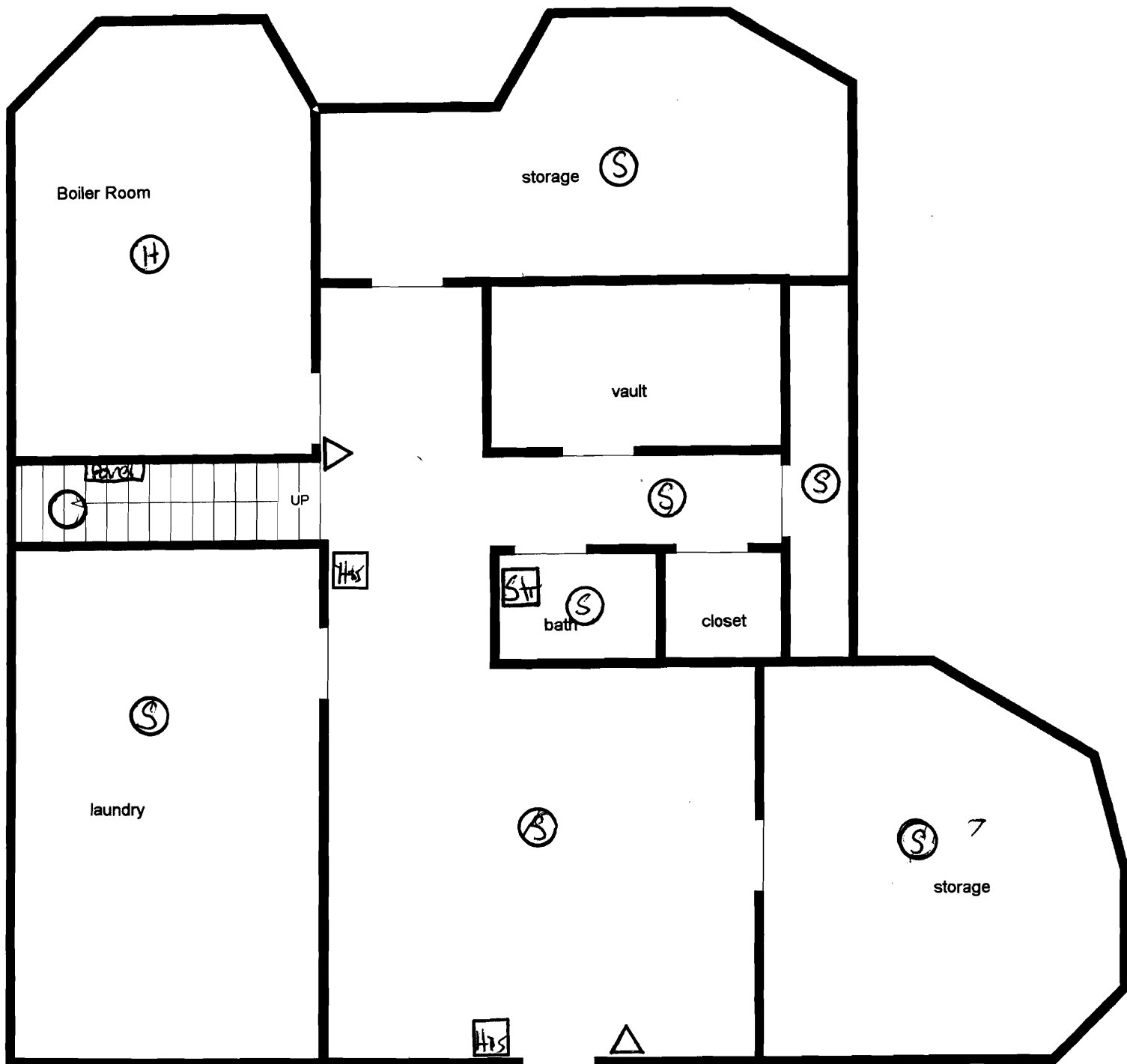




233 Western Prom  
Portland Me.

Riser Diagram By Seacoast Security Freeport

# Basement



⊙ = Smoke

⊕ = Heat

⊠ = Horn Strobe

⊠ = Strobe

△ = Pull

↑  
exit