

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

Location of Construction: 930 Congress St 3rd fl		Owner: HMC Realty Corp		Phone:		Permit No: <b>960059</b>	
Owner Address:		Leasee/Buyer's Name: HMC		Phone:		Business Name:	
Contractor Name: Edward Hebert & Sons		Address: 9 Gould Rd Lewiston, ME 04240		Phone: 783-1091		Permit Issued: <b>FEB - 2 1996</b>	
Past Use: Offices/Lab		Proposed Use: Same w/int reno		COST OF WORK: \$ 50,000.00		PERMIT FEE: \$ 370.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Make Interior Renovations (3rd fl)				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Permit Taken By: <b>Mary Gresik</b>		Date Applied For: <b>30 January 1996</b>		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

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



**CERTIFICATION**

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

SIGNATURE OF APPLICANT <i>Dan Hebert</i>		ADDRESS:		DATE: <b>30 January 1996</b>		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: *1/31/96*

**CEO DISTRICT** 3

*A. S. S. M.*

COMMENTS

2.26.96 Keith (Proj. Supt.) on site doing minor demolition. No dumpster on site. Moreau Elec. to be sub.; all piping for plumbing to be above ceiling (existing) any relocated will not require a permit. Kelly Associates to do HVAC. Notified them that I still have not rec'd. State Fire Marshall's approval. Discussed conditions of approval re. back-up power for egress.

3/6/96 Still have no state fire Marshall's approval. Rough Plumbing Inspection - OK. Copper for oxygen installed also tested. Minor interior wall changes completed to a point of sheetrocked being taped.

fund w/out final inspection

Inspection Record	
Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



Moreau Elec.  
Kelley Assoc.

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

February 2, 1996

Dan Herbert  
Edward Herbert & Sons  
9 Gould Road  
Lewiston, Maine 04240

RE: 930 Congress Street  
Portland, Maine

Dear Mr. Herbert,

Your application to make interior renovations to the third floor has been reviewed and a permit is herewith issued subject to the requirements listed below.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

Building and Fire Code Requirements

1. The renovations requires State Fire Marshall approval. *check*
2. The sprinkler system shall be maintained to NFPA 13 Standards.
3. The fire alarm system shall be maintained to NFPA 72 Standards.
4. All means of egress shall be provided with signs and an emergency back-up system.
5. Portable fire extinguishers shall be provided in accordance with NFPA 10.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

Marge Schmuckal  
Asst. Chief, Code Enforcement Division

cc: Lt. McDougall, PFD

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

## PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	930 CONGRESS STREET

## PROPERTY OWNERS NAME

MAINE MEDICAL CENTER

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: JAMES J KELLEY ASSOC., INC.

Mailing Address of Owner/Applicant (if Different): P.O. BOX 1310 554-1167 WESTBROOK, ME 04098-1310

PORTLAND 5668 TOWN COPY

Date Permit Issued: 2/8/96 \$ 12 FEE  Double Fee Charged

L.P.I. # 0124

Local Plumbing Inspector Signature: \_\_\_\_\_

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

*James J. Kelley* 02-07-96  
Signature of Owner/Applicant Date

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

*Amy Simpson* 9-3-96  
Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type Of Structure To Be Served:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>MEDICAL FACILITY</u></p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>C090009024</u></p>
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	Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
		Number	Type of Fixture	Number	Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
	<b>OR</b>		Urinal		Sink
3		HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	
1	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
4	Number of Hook-Ups & Relocations		Grease / Oil Separator		Dish Washer
\$ 16	Hook-Up & Relocation Fee		Dental Cuspidor		Garbage Disposal
	<b>OR</b>		Bidet		Laundry Tub
		TRANSFER FEE [\$6.00]		Other: _____	
			<b>Fixtures (Subtotal) Column 2</b>	0	<b>Fixtures (Subtotal) Column 1</b>
				0	<b>Fixtures (Subtotal) Column 2</b>
				0	<b>Total Fixtures</b>
				\$ 0	<b>Fixture Fee</b>
				\$ 0	<b>Transfer Fee</b>
				\$ 16	<b>Hook-Up &amp; Relocation Fee</b>
				\$ 16	<b>Permit Fee (Total)</b>

**SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE**