



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date March 12, 19 36
 Receipt and Permit number D 23260

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 527 Ocean Avenue

OWNER'S NAME: Ocean Avenue Med Bldg. ADDRESS: same

OUTLETS:		FEE
Receptacles _____	Switches _____	Plugmold _____
ft. TOTAL <u>140</u>		<u>13.00</u>
FIXTURES: (number of)		
Inandescent <u>30</u>	Flourescent <u>45</u>	(not strip) TOTAL <u>75</u>
Strip Flourescent _____	ft. _____	<u>9.50</u>
SERVICES:		
Overhead _____	Underground <u>x</u>	1-200 2 400 amp
METERS: (number of) <u>3</u>		Temporary _____
MOTORS: (number of)		TOTAL amp ¹ es _____
Fractional _____	<u>8</u>	<u>9.00</u>
1 HP or over _____		<u>1.50</u>
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws <u>x</u>	Over 20 kws _____	<u>5.00</u>
APPLIANCES: (number of)		
Ranges _____	<u>1</u>	Water He ters _____
Cook Topr _____		Disposals _____
Wall Ovens _____		Dishwashers _____
Dryers _____		Compactors _____
Fans _____	<u>2</u>	Others (denote) _____
TOTAL _____		<u>7.50</u>
MISCELLANEOUS: (number of)		
Branch Panels _____		
Transformers _____		
Air Conditioners Central Unit _____		
Separate Units (windows) _____		
Signs 20 sq. ft. and under _____		
Over 20 sq. ft. _____		
Swimming Pools Above Ground _____		
In Ground _____		
Fire/Burglar Alarms Residential _____		
Commercial _____		
Heavy Duty Outlets, 200 Volt (such as welders) 30 amps and under _____		
over 30 amps _____		
Circus, Fairs, etc. _____		
Alterations to wires _____		
Repairs after fire _____		
Emergency Lights, battery <u>8</u>		<u>4.00</u>
Emergency Generators _____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 53.50

INSPECTION: Will be ready on _____, 19____; or Will Call xxx
 CONTRACTOR'S NAME: Bruce Farnham
 ADDRESS: RFD # 3 Box 194 Freeport
 TEL: 865-9690
 MASTER LICENSE NO.: 4652 SIGNATURE OF CONTRACTOR: Bruce Farnham
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY - WHITE
 OFFICE COPY - CANARY
 CONTRACTOR'S COPY - GREEN

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION 00120
 ZONING LOCATION RP PORTLAND, MAINE

FEE: 4 1986

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE
 The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 527 Ocean Avenue Fire District #1 , #2
 1. Owner's name and address Dr. Charles desSoyes, R. Dr., Carol Ward Telephone 797-9440
 2. Lessee's name and address 222 Auburn St., Portland 04103 Telephone
 3. Contractor's name and address Portland Builders, Inc., Box 4002, DTS Telephone 879-2726
 Proposed use of building Medical Offices No. of sheets
 Last use Real Estate Office which was demolished No. families
 Material No. stories Heat Style of roof Roofing
 Other buildings on same lot
 Estimated contractual cost \$ 260,000.00

FIELD INSPECTOR—Mr. @ 775-5451
 To construct new addition, 40' x 30', on rear of existing building, as per plans.
 Appeal Fees \$
 Base Fee 25.00 Change of Use
 Late Fee
 TOTAL \$ 1,320.00
 \$ 1,345.00
 Stamp of Special Conditions

ISSUE PERMIT TO #3

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... yes Is any electrical work involved in this work? ... yes
 Is connection to be made to public sewer? If not, what is proposed for sewage?
 Has septic tank notice been sent? Form notice sent?
 Height average grade to top of plate Height average grade to highest point of roof
 Size, front depth No. stories solid or filled land? earth or rock?
 Material of foundation: Thickness, top bottom cellar
 Kind of roof Rise per foot Roof covering
 No. of chimneys Material of chimneys of lining Kind of heating fuel
 Framing Lumber—Kind Dressed or full size? Corner posts Sill
 Size Girder Columns under girders Size Max. on centers
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters: 1st floor 2nd 3rd roof
 On centers: 1st floor 2nd 3rd roof
 Maximum span: 1st floor 2nd 3rd roof
 If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
 BUILDING INSPECTION PLAN EXAMINER
 ZONING: J.K. [Signature] 1/31/86
 BUILDING CODE:
 Fire Dept. James [Signature]
 Health Dept. [Signature]
 Others:

MISCELLANEOUS
 Will work require disturbing of any tree on a public street? ... no.
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? ... yes ...

Signature of Applicant [Signature] Phone #
 Type Name of above Harvey Klugman for Portland Builders and Dr. Charles desSoyes & Dr. Carol Ward
 and Address

FIELD INSPECTOR'S COPY 19 MA. WILLIAMS APPLICANT'S COPY OFFICE FILE COPY

CITY OF PORTLAND, MAINE
MEMORANDUM

TO: Sam Hoffses - Building Inspector

DATE: 4-25-86

FROM: William J. Bray - Traffic Engineer *WJBray*

SUBJECT: #8552 Ocean Avenue Medical

I have reviewed Portland Design Team's request to delay installation of the granite curbing in accordance with the approved site plan until they receive approval for Phase II. I have no problem with their approach and would recommend a temporary certificate of occupancy with an attached six (6) month time restriction. If approval isn't granted within six (6) months curbing work must be completed.

WJR/pap

cc: Frank L. Lacker, PhD, AIA
10 South Street
Portland, Maine 04101

Marc Guimont, City Engineer
Alex Jaegerman, Planning
Bill Boothby, Principal Engineer
Bob Roy, Planning Engineer



ARCHITECTURE INTERIOR DESIGN PLANNING
THE VICTORIA CARRIAGE HOUSE 105 DANFORTH STREET PORTLAND, MAINE 04101 207-775-1059

LYNDON D. KECK, AIA
FRANK M. LOCKER, PH.D., AIA
DAVID C. WEBSTER, AIA
JAMES C. STUFFLEBEAM, AIA

April 18, 1986

Mr. Bill Bray
City of Portland Public Works
Portland City Hall
389 Congress Street
Portland, ME 04101

RE: #8552 Ocean Avenue Medical

Dear Bill:


As we discussed the other day, enclosed is a copy of our approved site plan for the above-noted project, plus a copy of a Concept Design for Phase II. As I mentioned when we reviewed Phase I with the City, the Owners were not expecting to do Phase II for several years. Due to unanticipated interest, they hope to have Phase II built before the end of this year.

We propose to put the curbing and sidewalk work for the area outlined on our drawing in red on hold until we can have a site plan review with you and the Planning Department. The granite has already arrived and is stockpiled on site. When I asked Sam Hoffses whether this would affect our receipt of Certificate of Occupancy, he asked that you review the drawings and send him a Memo outlining your concurrence with the approach to the hold on these selected items until we have Phase II designed.

I would appreciate it if you would review these drawings and call me if you have any questions. If not, please send Sam Hoffses a note outlining your acceptance of this approach with a copy to me.

Very truly yours,

PORTLAND DESIGN TEAM, P.A.


Frank M. Locker, PhD, AIA
Director

FML/lis

March 10, 1987

PERMIT # BUILDING PERMIT APPLICATION **Portland** Previous permit #
PERMIT SIGNIFICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION
Location/address of construction **527 Ocean Avenue**
Owner or lessee's name **Dr. Charles Desieyes** **Dr. Carol** Tel. **775-J613**
City **Portland** same Ward

Contractor's name **Portland Builders Inc.** Tel. **879-0118**
Address **Box 4902 DS 04112**

Subcontractors:
II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
Name
Lot
Block
Bk. & pg. Reg./ deeds
Date recorded

III. PROPOSED USE: **328** If other, explain: **demolition of barn** Seasonal Condominium Apartment

IV. PAST USE: **barn**

V. OWNERSHIP: PUBLIC (federal/ State/ local government) PRIVATE (individual/corp/nonprofit)

VI. DESCRIPTION OF WORK:
To demolish ~~barn~~ barn approximately 40 x 30
no utilities

VII. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

VIII. EST. CONSTRUCTION COST: **200** IX. GR. SQ. FT. OF LAND _____ BUILDING _____

X. RESIDENTIAL BUILDINGS ONLY: BEDROOMS
NEW DWELLING UNITS WITH: 1 BDRM 2 BDRMS 3 BDRMS
EXISTING DWELLING UNITS WITH: _____
XI. RESIDENTIAL UNITS:
NEW DWELLINGS _____
EXISTING DWELLINGS _____
NET RESIDENTIAL UNITS _____

XII. SIGNATURE OF APPLICANT: *[Signature]* DATE: **3-10-87**
DO NOT WRITE BELOW THIS LINE

XIII. ZONING: DISTRICT _____ STREET FRONTAGE _____
SETBACKS: front _____ back _____ side _____ side _____
ZONING BOARD APPROVAL: no yes (date) _____
PLANNING BOARD APPROVAL: no yes (date) _____
XIV. OFFICE USE: TAX MAP # _____
LOT # _____
VALUE/STRUCTURE PERMIT EXPIRATION _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) _____ DATE _____

XVII. FEES:
base fee _____
subdivision fee _____
site plan review fee _____
other fees _____
late fee _____
TOTAL **55.00**

XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:

1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	6. CHIMNEY # flues # fireplaces material	PLOT PLAN/DETAILS OF WORK ON REVERSE Write - Municipal Office Green - Applicant Yellow - CEO Pink - Tax Assessor Cold - GPCUG
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	9. FRAMING floor joists size max. on centers	
3. HEAT type fuel	ceiling joists	
4. FOUNDATION type thickness footing	rafters	
5. ROOF type pitch cover no load	studs	
6. PLUMBING * tubs * showers * lavatories * laundry tubs * flushes * other	wall studs	
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	10. If 1-story building w/ masonry walls: wall thickness height	
7. ELECTRICAL service entrance size * smoke detectors	11. BEDROOM WINDOWS height width sill height egress window? <input type="checkbox"/> yes <input type="checkbox"/> no	
NUMBER OF OFF-STREET PARKING SPACES: enclosed outdoors		

9 Fred Williams

BARN 1 DEMOLISHED

2/11/54

Very faint, illegible text, possibly a list or report, covering the middle section of the page.

A table with multiple columns and rows, containing very faint data or text, possibly a ledger or inventory list.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 527 Ocean Avenue

Date of Issue 5/16/86

Issued to Charles deSivies & Carol Ward

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. 86/120, 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

APPROVED OCCUPANCY

Entire

Medical Offices

Limiting Conditions:

PERMANENT OCCUPANCY PERMIT ONLY . PERMANENT CERTIFICATE WILL BE ISSUED WHEN LANDSCAPING IS COMPLETED.

THIS PERMIT EXPIRES JULY 1, 1986

This certificate supersedes certificate issued

Approved:

5-16-86

(Date)

Inspector

Kevin W. Russell
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.

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form**

Applicant _____	Date _____
Mailing Address _____	Address of Proposed Site _____
Proposed Use of Site _____	Site Identifier(s) from Assessors Maps _____
Acreage of Site / Ground Floor Coverage _____	Zoning of Proposed Site _____
Site Location Review (DEP) Required: () Yes () No	Proposed Number of Floors _____
Board of Appeals Action Required: () Yes () No	Total Floor Area _____
Planning Board Action Required: () Yes () No	
Other Comments: _____	
Date Dept. Review Due: _____	

FIRE DEPARTMENT REVIEW

(Date Received) _____

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMENSE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER	
APPROVED									
APPROVED CONDITIONALLY									CONDITIONS SPECIFIED BELOW
DISAPPROVED									REASONS SPECIFIED BELOW

REASONS: _____

(Attach Separate Sheet if Necessary)

SIGNATURE OF REVIEWING STAFF/DATE
 FIRE DEPARTMENT COPY

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant _____ Date _____

Mailing Address _____ Address of Proposed Site _____

Proposed Use of Site _____ Site Identifier(s) from Assessors Maps _____

Acreage of Site / Ground Floor Coverage _____ Zoning of Proposed Site _____

Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors _____

Board of Appeals Action Required: () Yes () No Total Floor Area _____

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due: _____

FIRE DEPARTMENT REVIEW

(Date Received) _____

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMASE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER	
APPROVED									CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY									
DISAPPROVED									REASONS SPECIFIED BELOW

REASONS: _____

(Attach Separate Sheet if Necessary)

SIGNATURE OF REVIEWING STAFF/DATE

FIRE DEPARTMENT COPY

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form**

Applicant: DR. CHARLES deSIEYER AND DR. CAROL WARD

Date: _____

Mailing Address: _____

Address of Proposed Site: OCEAN AVE

Proposed Use of Site: OFFICE BUILDING

Site Identifier(s) from Assessors Maps: _____

Acreage of Site: 43,085 / Ground Floor Coverage: _____

Zoning of Proposed Site: R-P

Site Location Review (DEP) Required: () Yes () No
 Board of Appeals Action Required: () Yes () No
 Planning Board Action Required: () Yes () No

Proposed Number of Floors: _____
 Total Floor Area: _____

Other Comments: _____

Date Dept Review Due: _____

PLANNING DEPARTMENT REVIEW

(Date Received) _____

- Major Development — Requires Planning Board Approval: Review Initiated
- Minor Development — Staff Review Below

	LOADING AREA	PARKING	CIRCULATION PATTERN	ACCESS	PEDESTRIAN WALKWAYS	SCREENING	LANDSCAPING	SPACE & BULK OF STRUCTURES	LIGHTING	CONFLICT WITH CITY PROJECTS	FINANCIAL CAPACITY	CHANGE IN SITE PLAN
APPROVED		X	X	X	X	X		X	X			
APPROVED CONDITIONALLY							X					
DISAPPROVED												

REASONS: ① ANY EXTERIOR DESIGN MODIFICATIONS TO THIS BUILDING SHALL BE SUBJECT TO STAFF REVIEW AND APPROVAL.

② DISTURBED AREA ALONG CORNER ST. BETWEEN SYLVIA AND FRONT ST. SHALL BE LOCATED AND SIGNED.

(Attach Separate Sheet if Necessary)

STAFF STAMPED PLAN TO INSPECTION 9/23/56

Richard Kimball
 SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT COPY

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

Applicant Dr. Carol Ward & Charles DeSieves

Mailing Address 222 Auburn Street 797-9440

Proposed Use of Site medical offices

Acreage of Site / Ground Floor Coverage approx 1 acres - 2,200 sq. ft.

Date Jan. 7, 1986

Address of Proposed Site 527 Ocean Avenue

Site Identifier(s) from Assessors Maps R-P

Zoning of Proposed Site _____

Site Location Review (DEP) Required: () Yes () No

Board of Appeals Action Required: () Yes () No

Planning Board Action Required: () Yes () No

Proposed Number of Floors 2 1/2

Total Floor Area 5000 sq ft. approximate

Other Comments: _____

Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW

(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
 - Requires Board of Appeals Action
 - Requires Planning Board/City Council Action

Explanation _____

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: _____

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT - ORIGINAL

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form**

Applicant _____ Date _____
 Mailing Address _____ Address of Proposed Site _____
 Proposed Use of Site _____ Site Identifier(s) from Assessors Maps _____
 Acreage of Site / Ground Floor Coverage _____ Zoning of Proposed Site _____
 Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors _____
 Board of Appeals Action Required: () Yes () No Total Floor Area _____
 Planning Board Action Required: () Yes () No
 Other Comments: _____
 Date Dept. Review Due: _____

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) _____

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED	X	X	X	X	X	—	X	X	X			X				
APPROVED CONDITIONALLY										X			X	X	X	CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

- REASONS:
- 1) The entire storm drain system must be built as shown on the approved plan.
 - 2) Curb and sidewalk along Ocean Ave. shall be built to City standards and under our supervision.
 - 3) Because of the winter moratorium on street openings, no work can be done (Attach Separate Sheet if Necessary) within the Ocean Ave. streetline until after April 15th.
 - 4) The language for the storm drain easement shall be submitted to the City for review and approval.

Alfred J. Roy Jan 27, 1986
 SIGNATURE OF REVIEWING STAFF / DATE

PUBLIC WORKS DEPARTMENT COPY

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
 B.O.C.A. TYPE OF CONSTRUCTION
 ZONING LOCATION PORTLAND, MAINE Jan. 7, 1986

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 527 Ocean Avenue
 1. Owner's name and address Carol R Ward M.D Charles J DeSieves M.D Fire District #1 , #2
 2. Lessee's name and address 25 Middle Rd. Falmouth Telephone ... 797-9440
 3. Contractor's name and address Portland Builders - Box 4902 Telephone ... 797-5994
 DTS 04112

Proposed use of building medical offices No. of sheets
 Last use real estate office No. families
 Material No. stories Heat Style of roof Roofing
 Other buildings on same lot
 Estimated contractual cost \$

FIELD INSPECTOR—Mr.
 @ 775-5451

Appeal Fees \$ 300.00
 Base Fee 300.00
 Late Fee
 TOTAL \$

minor
~~major~~ site plan review

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ..yes..... Is any electrical work involved in this work? ..yes.....
 Is connection to be made to public sewer? ..yes..... If not, what is proposed for sewage?
 Has septic tank notice been sent? Form notice sent?
 Height average grade to top of plate Height average grade to highest point of roof
 Size, front depth No. stories solid or filled land? earth or rock?
 Material of foundation Thickness, top bottom cellar
 Kind of roof Rise per foot Roof covering
 No. of chimneys Material of chimneys of lining Kind of heat fuel
 Framing Lumber—Kind Dressed or full size? Corner posts Sills
 Size Girder Columns under girders Size Max. on centers
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters: 1st floor 2nd 3rd roof
 On centers: 1st floor 2nd 3rd roof
 Maximum span: 1st floor 2nd 3rd roof
 If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
 BUILDING INSPECTION—PLAN EXAMINER
 ZONING:
 BUILDING CODE:
 Fire Dept.:
 Health Dept.:
 Others:

MISCELLANEOUS
 Will work require disturbing of any tree on a public street? ...
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant Phone # 775-1059...
 Type Name of above Frank Locker for 1 2 3 4
 Drs. Carol Ward & Charles DeSieves
 and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

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..... DTS 0412

Proposed use of building medical offices No. of sheets
Use real estate office No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$

FIELD INSPECTOR—Mr.
@ 775-5451

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TOTAL \$

FOR
major site plan review

Stamp of Special Conditions

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Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
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and Address

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 DTS 04112

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 @ 775-5451

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minor
 major site plan review

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? **yes** Is any electrical work involved in this work? **yes**
 Is connection to be made to public sewer? **yes** If not, what is proposed for sewage?
 Has septic tank notice been sent? Form notice sent?
 Height average grade to top of plate Height average grade to highest point of roof
 Size, front depth No. stories solid or filled land? earth or rock?
 Material of foundation Thickness, top bottom cellar
 Kind of roof Rise per foot Roof covering
 No. of chimneys Material of chimneys of lining Kind of heat fuel
 Framing Lumber—Kind Dressed or full size? Corner posts Sills
 Size Girder Columns under girders Size Max. on centers
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters: 1st floor 2nd 3rd roof
 On centers: 1st floor 2nd 3rd roof
 Maximum span: 1st floor 2nd 3rd roof
 If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE
 BUILDING INSPECTION—PLAN EXAMINER
 ZONING
 BUILDING CODE:
 Fire Dept.
 Health Dept.
 Others:

MISCELLANEOUS

Will work require disturbing of any tree or public street?
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?

Signature of Applicant *[Signature]* Phone # 775-1059
 Type Name of above Frank Locker for
 Drs. Carol Ward & Charles Desjardes 1 2 3 4
 and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

PERMIT # BUILDING PERMIT APPLICATION **Portland** Previous permit #
APPLICANT FILL OUT I - VIII AND DETAILS OF WORK ON REVERSE
 Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 535 Ocean Avenue
 Owner or lessee's name Ocean Avenue Medical Bldg., Phase II Tel 775-0613
 Address 527 Ocean Avenue, Portland 04103

Contractor's name Portland Builders, Inc. Tel 879-0118
 Address Box 40 DTS, Portland, ME 04112

Subcontractors: _____

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE
 Name _____
 Lot _____
 Block _____
 Bk. & pg. Reg./deeds _____
 Date recorded _____

III. PROPOSED USE: CODE 324 Offices Medical Bldg. Seasonal Condominium Apartment

IV. PAST USE: vacant lot

V. OWNERSHIP: PUBLIC (Federal/State/local government) PRIVATE (Individual/corp/nonprofit)

VI. DESCRIPTION OF WORK: Site Plan Review (Minor) to construct accessory bldg. for Medical Offices. FOUNDATION ONLY.

PERMIT ISSUED WITH LETTER

HOLD PERMIT FOR PICKUP - 879-0118 - Harvey Klugman

VII. BUILDING DIMENSIONS: length _____ width _____ square footage _____ height _____ #stories _____

VIII. EST. CONSTRUCTION COST: \$ 10,000.00 **IX. SQ. FT. OF LAND:** _____ **BUILDING:** _____

X. RESIDENTIAL BUILDINGS ONLY: BEDROOMS _____
 * NEW DWELLING UNITS WITH: 1 BDRM _____ 2 BDRMS _____ 3 BDRMS _____
 * EXISTING DWELLING UNITS WITH: _____
XI. RESIDENTIAL UNITS:
 * NEW DWELLINGS _____
 * EXISTING DWELLINGS _____
 NET RESIDENTIAL UNITS _____

XII. SIGNATURE OF APPLICANT: _____ **DATE:** 4/8/87

XIII. ZONING: DISTRICT R-P STREET FRONTAGE _____
 SETBACKS: front _____ back _____ side _____ side _____
 ZONING BOARD APPROVAL: no yes (date) _____
 PLANNING BOARD APPROVAL: no yes (date) _____
XIV. OFFICE USE: TAXIMAP _____ LOT _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____

XV. CONDITIONAL USE: variance _____ site plan _____ subdivision _____ shore and floodplain mgmt _____
 special exception _____ other _____ (explain) _____

XVI. SIGNATURE OF FIELD INSPECTOR (CEO): _____ **DATE:** _____

XVII. FEES:
 base fee..... 50.00
 subdivision fee.....
 site plan review fee..... 200.00
 other fees.....
 late fee.....
 TOTAL..... 250.00

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:
O.K. No. Turner April 8, 1987

PERMIT ISSUED WITH LETTER

1. WATER SUPPLY <input type="checkbox"/> public <input type="checkbox"/> private	8. CHIMNEY * flues * fireplaces material	PLOT PLAN/DETAILS OF WORK ON REVERSE White - Municipal Office Green - Applicant Yellow - CEO Pink - Tax Assessor Gold - CLUG
2. SEWER <input type="checkbox"/> public <input type="checkbox"/> private, type	9. FRAMING. floor joists	
3. HEAT type fuel	size max. on centers	
4. FOUNDATION type thickness footing	ceiling joists	
5. ROOF type covering pitch load	rafters	
6. PLUMBING * tubs * showers * lavatories * laundry tubs * flushes * other	studs	
SPRINKLER SYSTEM? <input type="checkbox"/> yes <input type="checkbox"/> no	wall studs	
7. ELECTRICAL service entrance size * smoke detectors	10. If 1-story building w/ masonry walls: wall thickness height	
NUMBER OF OFF-STREET PARKING SPACES: enclosed outdoors	11. BEDROOM WINDOWS height width sill height egress window? <input type="checkbox"/> yes <input type="checkbox"/> no	

9

PERMIT ISSUED
WITH LETTER

PERMIT ISSUED
WITH LETTER

1. THE SUPPLY ()	2. THE DEMAND ()
3. THE PRICE ()	4. THE QUANTITY ()
5. THE QUALITY ()	6. THE LOCATION ()
7. THE TIME ()	8. THE METHOD ()
9. THE COST ()	10. THE RISK ()
11. THE BENEFIT ()	12. THE HAZARD ()
13. THE POLICY ()	14. THE LAW ()
15. THE ETHICS ()	16. THE SOCIETY ()
17. THE CULTURE ()	18. THE ECONOMY ()
19. THE ENVIRONMENT ()	20. THE FUTURE ()



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

April 8, 1987

RE: Phase II

Ocean Avenue Medical Building
527 Ocean Avenue
Portland, Maine 04103

Dear Sir:

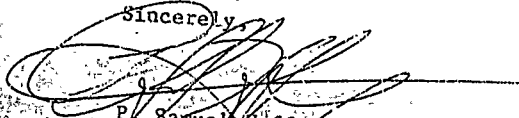
Your application to construct a foundation only has been reviewed and a building permit is herewith issued subject to the following requirements:

- Site Plan Review Requirements
Inspection Services Approved for foundation only W. J. Turner 4/8/87
Planning Division Approved with condition
1. Disturbed areas along Coburn Street between Sylvia and Front Street shall be loamed and seeded. Mr. Richard Knowland 4/8/87
- Public Works Approved with conditions
1. Roof gutters shall be installed and the downspout connected into the stormdrain system;
 2. Curb, sidewalk and grassed esplanade shall be installed along the Ocean Avenue frontage in accordance with City standards and specifications;
 3. Disturbed area within Coburn Street right-of-way between Sylvia Street and Fernald Terrace shall be loamed and seeded. Mr. R. J. Roy 4/7/87

- Building Code Requirements
1. All lot lines shall be clearly marked before calling for a foundation inspection;
 2. Until permanent support has been provided, all excavations shall be safeguarded and protected by the person causing the excavations to be made, to avoid all danger to life or limb.

If you have any questions on these requirements, please call this office.

Sincerely,


P. Samuel Hoffes
Chief of Inspection Services

/el

cc: Richard Knowland, Senior Planner
R. J. Roy, Planning Engineer

389 CONGRESS STREET • PORTLAND, MAINE 04101 • TELEPHONE (207) 775-5451

900690

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 7/2/90

PERMIT ISSUED

JUL 5 1990

City Of Portland

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 519 Ocean Ave. Use of Building Commercial No. Stories New Building Existing Name and address of owner of appliance Peter Turner - 519 Ocean Ave. Portland. Installer's name and address R. R. O'Neil Co. 31 Congress St. Portland, ME 04101 Telephone 773-4531

General Description of Work

To install boiler 1

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? none If so, how protected? Kind of fuel? #2 Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue 8"x19" Other connections to same flue If gas fired, how vented? Rated maximum demand per hour 1.55 Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Baskett Labelled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? Type of floor beneath burner none Size of vent pipe 2" Location of oil storage basement Number and capacity of tanks one 275-gal Low water shut off yes Make Donald No Will all tanks be more than five feet from any flame? yes How many tanks enclosed? one Total capacity of any existing storage tanks for furnace burners 275-gal

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Thomas Minervino Masate #00255

Amount of fee enclosed? \$15.

APPROVED:

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

CS 307

Signature of Installer

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

MA. MACISAAC

THE CHANCERY

**ADMINISTRATIVE AND
MINISTERIAL SERVICES**

Administrative
BISHOPS OFFICE
Archives
CATHOLIC CHARITIES APPEAL
OFFICE
COMMUNICATIONS OFFICE
Resource Center
DIOCON OFFICE
FINANCE OFFICE
PUBLIC POLICY OFFICE

Ministerial
OFFICE OF MINISTRY TO PRIESTS
VOCATION OFFICE
OFFICE OF MINISTRY
TO AND WITH RELIGIOUS

August 30, 1990

Ms. Barbara Vestal
c/o Alexander Yaegerman
Planning Board
City Hall
Portland, ME

Dear Madam Chairperson:

The Diocesan Bureau of Human Relations Services (DHRS) is the social arm of the Roman Catholic Church in the Diocese of Portland. Social services provided by DHRS cover the entire State of Maine.

The site of the headquarters of DHRS is located at 519 Ocean Avenue in Portland. The structure housing the existing headquarters is located on the site in such a way as to make additions or enlargement inordinately expensive, if not impracticable and severely limited as to prospective utility of use. The space provided for necessary parking on the site just meets current standards.

There is a need for expansion of this facility in order to provide for the ever increasing demands being made for social services throughout the State. The burgeoning activity of DHRS calls for broadened administration thus making it essential to the continued performance of these services that there be an extension of the existing facility.

Your Petitioner respectfully requests this Board to grant an expansion of the existing institutional use to authorize DHRS to make use of the premises at 538 Ocean Avenue as an extension of its current existing facility at 519 Ocean Avenue.

The proposed floor plans attached hereto and the site plan providing the necessary amenities will illustrate a heightened efficiency in the administration of the program of state wide social services. Such an extension will create no encroachment into existing residential areas or diminution of value to contiguous residential properties. Such an extension will in fact provide a substantial improvement to the neighborhood.

Yours very truly,

ROMAN CATHOLIC BISHOP OF PORTLAND

By: J. Joseph Ford
J. Joseph Ford, Chancellor

Some offices are funded in part by the Catholic Charities Appeal

Roman Catholic Diocese of Portland
510 Ocean Avenue, P.O. Box 6750
Portland, Maine 04101-6750
Telephone: (207) 773-6471

RECEIVED
AUG 30 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 6/23/93, 19__
 Receipt and Permit number 2812

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 Portland Electrical Ordinance the National Electrical Code and the following specifications:

LOCATION OF WORK: 519 Ocean Ave
 OWNER'S NAME: Cath Charities, Inc ADDRESS: _____

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugload _____ ft TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..	15.00
METERS: (number of) <u>1</u>	1.00
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Electric (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (delete) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (window) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE: _____	16.00

INSPECTION:
 Will be ready on _____, 19__; or Will Call
 CONTRACTOR'S NAME: Robert DeVilleneuve Consy. Lighting
 ADDRESS: 470 Riverside St- Ptd
 TEL: 878-55434
 MASTER LICENSE NO.: #02812 SIGNATURE OF CONTRACTOR: *Robert DeVilleneuve*
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

