DISPLAY THIS	CARD ON	PRINCIPAL	FRONTAGE	E OF WORK
Please Read Application And		F PORTL		PERMIT ISSUE No. NOV 2 1987
Notes, If Any, Attached		ERMIT	114	Chy Of Portlan
This is to certify thatGrou	p Main Sprea	m, inve		
has permission to change	use from 1 f	amily to 2 fa	nily with r	enovations
AT 408 Brighton Av				
provided that the perso comply with all of the the City of Portland re and structures, and of	provisions of gulating the c the application	the Statutes of construction, m on on file in th	Maine and aintenance is departme	of the Ordinances of and use of buildings
Apply to Public Works for s line and grade if nature of requires such information.	treet given and work cured bef	on for inspection mus I written permission ore this building or s lathed or other	pro- A certifi part be proc	icate of occupancy must ured by owner before this or part thereof is occu-
OTHER REQUIRED APPRO	1.5.1	C.	P	A fall
Fire Dept Health Dept			PER	MIT ISSUE
Appeal Board Other			-WA	Hind & Conservices
Department Name	PENALTY FO	R REMOVING THI	s CARD	ma, carroll
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U PER	MIT (1430 CITY OF Portland BUILDIN	IG PERMIT APPLICATION MAP
	e fill out any part which applies to job. Proper plans must accompany form.	For Official Use Only
V-Owner	- Group Main Stream, Inc 775-0824	The second se
	205 Ludlow St., Portland, ME 04102	
LOCA	TION OF CONSTRUCTION 408 Brighton Avenue - Ground Floo	
CONT	RACTOR Gaylen Wilcox SUBCONTRACTORS	
ADD	1838 211 Maple Drive, Scarborough, ME 04074	Tel-Surva
· N 2	ountraction Cost: 1,450.00 Type of Use: 2-Family	Coiling:
	le l-family	1. Ceiling Joists Size Spacing 2. Ceiling Strapping Size Spacing
Balla	rg Dimensions 1. W W Sq. Pt. Stories. Lot Size	8. Type Ceilings PEPAAT ISSUED 4. Insulation Type Size
Te Pro	need Use: 2-fam Seasonal Condominium Anatomet	A County and the county of the
	posed Use: <u>2-fam</u> Sesonal Change of Use from 1-fam. to 2-fam. <u>Conversion - Explain with renovations</u> .	1. Trues or Refter Size Soan
Sec. Sec. Sec. 2.	PLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE	2. Sheathing Type Size 3. Roof Covering Type City UI Fortiand
Parid	antial Buildian Onlar	
(OID	welling Units	Chimneys: Type: Number of Fire Places
Found	dation: 1. Type of Soil:	Heating: Type of Heat:
	2. Set Backs - Front Rear Side(s)	Electrical:
100	3. Footings Size:	Service Entrance Size: Smoke Detector Required YesNo Plumbing:
	5. Other	1. Approval of soil test if required Yes No 2. No. of Tubs or Showers
Floor	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	3. No. of Flushes
	1. Sills Size: Sills must be anchored.	4. No. of Levetories 5. No. of Other Fixtures
111	8. Lelly Courten Specing: Size: 4. Joints Size: Searing 16" O.C.	Swiarning Poels: 1. Type:
	5. Bridging Type: Size:	2. Pool Size : Square Poolage
	6. Floor Sheathing Type: Size: Size:	2 Annual Conference in National Electrical Code and State Law.
The Part	and the second	Zoning District Regulard Salastar Frankrag Lag Back Side
- 1361 - 	1. Studding Size Spacing	Review Required
*	2. No. windows 3. No. Doors	Zoning Board Approvel: Yes No Date:
	4. Header Sizes Span(s)	Conditional Use: Variance Site Plan Subdivision
~	5. Bracing: Yes No 6. Corner Posts Size	Shore and Floodplain MgmtSpecial Exception Other(Explain)
	7. Insulation TypeSize_Size	Date Approved
	9. Siding Type Weather Exposure	
	13. Masonry Msterials	Permit Peceived By Joyce M. Ripald; Group Main Stream, Inc.
	or Walls:	Signature of Applicant_Millie MorrillDate_Oct. 30/87
	2. Header Sizes Span(s)	
	3. Wali Covering Type4. Fire Wali if required	
	4. Fire Wall if required	Inspection Dates
	4. Fire Wall if required	Inspection Dates Yellow-GPCOG White Tag -CEO © Crypright GPCOG 1987

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	UT #				PPLICATION
	fill out any part which applie				
Owner:	Group Main Stream	Inc 775-	0824 839-812	<u>5</u> Date	October 30,
Address	: 205 Ludlow St., Por	tland, ME 0	4102	Inside P	ire Limits
	•			000000000000000000000000000000000000000	de mit
LOCAT	ION OF CONSTRUCTION 40	18 Brighton A	venue - Ground Fl	Estimat	ed Cost \$1,450.
CONTR	ACTOR: Gaylen Wilcox	SUBCONTR	ACTORS;	Value/S	tructure \$30,00
ADDDE	ss: 211 Maple Drive,	Scarborough,	ME 04074		
	nstruction Cost: 1,450.00	Type of Use;	2-Family	Ceiling:	1. Ceiling Joists Size
	e: 1-family				2. Ceiling Strapping
					3. Type Ceilings:
Building	g Dimensions LWS	q. Ft# Stories;	Lot Size:	<u></u>	4. Insulation Type _
					5. Ceiling Height:
Is Propo	osed Use: <u>2-fam</u> , Seasonal Change	of Use from	T-fam, to 2-fam.	Roof:	
	Conversion - Explain with	renovations.			1. Truss or Rafter Si
aline da	_ Conversion - Explain <u>with</u> LETE ONLY IF THE NUMBER		CHANCE		2. Sheathing Type _ 3. Roof Covering Typ
T	- 4'-1 D!! J' 0-1				4. Other
# Of D.	ntial Buildings Only:	New Dwelling Unite		Chimney	
	elling Units # Of]	tien Dwentilk Outer		Chimitey	s. Туре:
Founda		ALL REAL REPORTED AND A REAL REAL REAL REAL REAL REAL REAL RE		Heating:	
1 Vullui					Type of Heat:
	1. Type of Soil: 2. Set Backs - Front	Rear	Side(s)	Electrica	
	3. Footings Size:				Service Entrance Siz
	4. Foundation Size:			Plumbin	
	5. Other				1. Approval of soil te
					2. No. of Tubs or She
Floor:					3. No. of Flushes
	1. Sills Size:				4. No. of Lavatories 5. No. of Other Fixtu
	2. Girder Size: 3. Lally Column Spacing:	Siz	o:		ng Pools:
	A Joists Size.	012	Spacing 16" O.C.		
	4. Joists Size: 5. Bridging Type:	Siz	Spacing 10 0.0.		1. Type: 2. Pool Size :
	6. Floor Sheathing Type:	Siz	e:		3 Must conform to]
	7. Other Material:			Zoning:	
					DistrictS
Exterio	or Walls:				Required Setbacks:
	1. Studding Size	Spacing		Review I	Lequired:
	2. No. windows				Zoning Board Appro
	3. No. Doors				Planning Board App
	4. Header Sizes 5. Bracing: Yes	Spa	an(s)		Conditional Use:
	5. Bracing: Yes	No			Shore and Floodplai
	6. Corner Posts Size				Other (Explai
•	7. Insulation Type	Size			Date Approved
	8. Sheathing Type 9. Siding Type		ather Exposure		
1	0. Masonry Materials	We	ather BADosure	Permit R	eceived By
, <u>1</u>	1. Metal Materials				Grou
Interio	r Walls:			Signatur	e of Applicant_M
	1. Studding Size	Spacing		~ Britter	
•4	2. Header Sizes	Span(s)			e of CEO
	3. Wall Covering Type			oignatur	
	4. Fire Wall if required			Tana dia	- Datas
;	5. Other Materials				n Dates
			White-Tax Assesor	Yellow-GPCOG	White Tag

For Official Use Only Date October 30, 1987 Subdivision: Yes / No Inside Eire Lamits Lot Lot Bldg Code Block Block Time Lamit Permit Expression Owaerabigs ValueStructure Owaerabigs Private

MAP #_____

LOT#

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vennig.				
	1. Ceiling Joists Size:			
	Ceiling Strapping Size Ceiling Strapping Size Type Ceilings: Insulation Type	_ Spacing		
	3. Type Ceilings:		EST DAK	TISCUE
	4. Insulation Type	Si:	ze	
	5. Ceiling Height:			
Roof:			NOV	2 1987
	1. Truss or Rafter Size	Sp	an	
	2. Sheathing Type	Si	ze	
	2. Sheathing Type 3. Roof Covering Type		VILY &	1 provision.
	4. Other			- or croining
Chimney	75:			
	Type: Number	r of Fire Places	3	
Heating:				
	Type of Heat:			
Electrica				
	Service Entrance Size:	Smoke Dete	ctor Remired	Yes No
Plumbin	•		ever mequirea	
	1. Approval of soil test if required	Ye	R	No
	2. No. of Tubs or Showers			
	3. No. of Flushes			
	A No. of Loustering			
	4. No. of Lavatories		,	
	5. No. of Other Fixtures			
	ng Pools:			
	1. Type: x x	<u>_</u>	D I	
•	2. Pool Size : X		uare rootage_	
Zoning:	3. Must conform to National Electric	al Code and St	ate Law.	
Zoning:				•
	DistrictStreet Frontage I Required Setbacks: Front	keq.:	Provide	d
	Required Setbacks: Front	_ Back	Side	Side
Review]	Required:			
	Zoning Board Approval: Yes	_ No	Date:	
	Planning Board Approval: Yes	_ No	Date:	
	Zoning Board Approval: Yes Planning Board Approval: Yes Conditional Use: Variance	xe Sid	æ Plan	Subdivision
	Sham and Floodplain Mont	Snorial Eve	ntion	_
	Other (Explain)	<u>.</u>		
	Other(Explain) Date Approved			
Permit F	Received By	inaldi		
		eam, Inc.		
	Group Main Stre		D ()	
	Received By Joyce M Ri Group Main Stre	11		Vat 20/07
Signatur	e of Applicant Millie Morri		Date _	Ct. 30/8/
Signatur	e of Applicant Millie Morri		Date _	Ct. 30/8/
Signatur	Group Main Stre re of Applicant <u>Millie Morri</u> re of CEO		Date _	Ct. 30/8/
Signatur	e of Applicant Millie Morri		Date _	Ct. 30/8/
Signatur Signatur	e of CEO	· · · · · · · · · · · · · · · · · · ·	Date _	Ct. 30/8/
Signatur Signatur Inspectio	e of CEO	· · · · · · · · · · · · · · · · · · ·	Date	Ct. 30/8/

BUILDING PERMIT REPORT
DATE: 30/00T/87
ADDRESS: 408 Brighton Aul.
ADDRESS: 408 Brighton Aul. REASON FOR PERMIT: Change of USE 1 to 2 formly,
BUILDING OWNER: Group MAIN STream INC
CONTRACTOR: GAYLAN M. LSOX
PERMIT APPLICANT OUNK!
APPROVED: 1-2-4-5-6 DENIED

CONDITION OF APPROVAL OR DENIAL:

- X1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- X2.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.

234-

- 3.) Each apartment shall be equipped with an approved single station smoke detector powered by the house current. The detector shall be located in an area which will provide protection for the sleeping areas.
- X 4.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- 5.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).

In addition to any automatic fire alarm system required by Sections 1716.3.2 and 1716.3.3, a minimum of one single station smoke detector shall be installed in each guest room, suite of sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarws in the individual unit.

Private garages located beneath rooms in buildings of Use (Stappa R-1, R-2, R-3 or I-1 shall have walls, partitions, floce and ceilings separating the garage space from the adjacent interview spaces constructed of not less than 1-hour fireresistance taking. Attached private garages shall be completely separated from each adjacent interior spaces and the attic area by means of locations gypsum board or equivalent applied to the garage side. Interview of all door openings between the garage and adjacent interview spaces shall be raised not less than 4 inches (102 concovering garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

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Inspection Services

APPLICATION	FOR	RELICENSURE
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	.1
Application for: Boarding Home Adult Foster Home Control Name of Applicant(s): <u>GRoup MAIN STREEM Inc</u> <u>First Middle Lost</u> Social Security #/IRS	,8
Name of Applicant (s): ny copy	ı
GROUP MAIN STREEM THE	1.
First / Middle Last Social Security #/IRS	
First Middle Last Social Security #/IRS	
Name of Facility: GROUP Main STREEM Aduit Foster HOME	ų,
Name of Administrator: Millie MORR.11	
Address of Facility: 408-A Brighton Avenue	
Contland, Maine 04/02 Zip Code:	
Location of Facility: Contland, Zip Code:	
Telephone Number: 775082402 774328/	
Current number of licensed beds: 4 Increase/decrease in number:	
Of licensed beds, number that are Respite Care:	
Increase/decrease in number of Respite Care beds:	17.0
Additions/renovations to facility:	
·	i
Other changes:	
Directions to Home: (Please be specific)	
Directions to Home: (Please de specific)	
·	
Does facility have a waiver? Yes 🖉 No If so, please indicate Item # and reason for waiver:	
reason for walver:	
Does waiver still apply? Yes No	,
Have you or any member of the household (excluding boarders) ever:	
Been convicted of a crime? Yes No	
Been an inpatient in a mental health facility? Yes No Been treated for drug/alcohol abuse? Yes No	1
Been investigated for child/adult abuse, neglect or exploitation?	
Yes No V Had a license/application to operate a residential care facility revoked/	,
denied/placed on conditional status? Yes No	

BMSDRC-06



State of Maine



 \Box C

Department of State 📿

I, the Secretary of the State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of qualification of foreign corporations in this State.

I FURTHER CERTIFY that GROUP MAIN STREAM INC. is a duly qualified corporation, without capital stock, and that the application for authority was filed in this office on April 28, 1980.

I FURTHER CERTIFY that on August 12, 1982 a change of registered agent and registered office was filed. No further amendments have been filed to date.

I FURTHER CERTIFY that according to the records in this Department said foreign corporation is authorized to carry on activities in Maine as allowed by Title 13B MRSA Chapter 12, has filed biennial reports due, paid all fees and is in good standing at the present time.



In Tratimony Thereof. I have caused the Great Seal of the State to be hereunto affixed. GIVEN under my hand at Augusta, this <u>sixteenth</u> day of <u>November</u> in the year of our Lord one thousand nine hundred and <u>eighty-seven</u>.

_ Secretary of State