

| | | | | | | | |
|---|--|--|--|---|--|--------------------------------------|--|
| Location of Construction: 619 Brighton Ave | | Owner: Mercy Hospital | | Phone: | | Permit No: 960952 | |
| Owner Address: | | Leasee/Buyer's Name: | | Phone: | | BusinessName: "Generations" | |
| Contractor Name: Allied Constructio | | Address: P.O. Box 1396 Portland, ME 04104 | | Phone: 772-2888 | | Permit Issued: SEP 27 1996 | |
| Past Use: Med Office | | Proposed Use: Same | | COST OF WORK: \$ 800,000.00 | | PERMIT FEE: \$ 4,020.00 | |
| Proposed Project Description: Construct Addition | | | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: Type: | |
| | | | | Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> | |
| Permit Taken By: Mary Gresik | | | | Date Applied For: 30 August 1996 | | | |
| PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) | | | | Zoning Approval: | | | |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied | | | | Special Zone or Reviews: <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"/> | | | |
| 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 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..

3-30 IC
2023
30-3181/14999
30-3182/15000
30-3183/15001
3423
3421
RC-0129/15002

Permit issued with letter of conditions

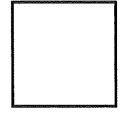
CERTIFICATION

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

25 September 1996 - Permit Routed
30 August 1996

| | | | |
|--|----------|-------|--------|
| SIGNATURE OF APPLICANT <i>[Signature]</i> | ADDRESS: | DATE: | PHONE: |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | PHONE: | | |

CEO DISTRICT



COMMENTS

10-15-96 Contractor has demo on interior started, AAA Energy on site removing all redundant HVAC and electrical items. Building is vacant for entire demo, and construction. Have excavated for footings. Existing 10"Ø Building drain to remain.

10-17-96 Poured footings rebar in place. Have drilled 8"+ dowel holes for tie in to existing wall. Have instructed Contractor to install a sand based fill around perimeter of existing PVC Building Drain. Rebar in place for walls.

11-21-96 Concrete sidewalk poured.

12-3-96 Interior walls up on 2nd floor - OK to Sheetrock. Maybe relocating access to roof in stairwell.

12-11-96 Poured slab on deck @ new entry 2nd floor. Have directed Plumbing Contractor to skew PVC @ BSMT. wall prior to patching.

Inspection Record

| Type | Date |
|-------------------|-------|
| Foundation: _____ | _____ |
| Framing: _____ | _____ |
| Plumbing: _____ | _____ |
| Final: _____ | _____ |
| Other: _____ | _____ |

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

| | | | | | | | |
|---|--|--|--|---|--|--|--|
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| Owner Address: | | Leasee/Buyer's Name: | | Phone: | | BusinessName: "Generations" | |
| Contractor Name: Allied Constructio | | Address: P.O. Box 1396 Portland, ME 04104 | | Phone: 772-2888 | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: SEP 27 1996 CITY OF PORTLAND </div> | |
| Past Use: Med Office | | Proposed Use: Same | | COST OF WORK: \$ 800,000.00 | | | |
| Proposed Project Description: Construct Addition | | FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i> | | INSPECTION: Use Group: Type: <i>[Handwritten]</i> Signature: <i>[Signature]</i> | | Zone: R-P CBL: 184-A-001 | |
| | | | | PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____ | | Zoning Approval: <i>[Signature]</i> 9/25/96 Special Zone or Reviews: <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"/> | |
| Permit Taken By: <input checked="" type="checkbox"/> Mary Gresik | | Date Applied For: 30 August 1996 | | | | | |

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3-30 YC 30-3181/14999
 30-3182/15000
 30-3183/15001
 RC-0129/15002

Permit issued
with letter of conditions

CERTIFICATION

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[Signature]
 SIGNATURE OF APPLICANT Dennis Landry

25 September 1996 - Permit Routed
 30 August 1996
 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

- 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: 9/25/96

[Signature]
 D. Andrews

CEO DISTRICT 4
[Signature]
 Powers



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 619 Brighton Ave 184-A-001
Date of Issue 13 May 1998

Issued to Mercy Hospital

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. 960952, 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 Building

Limiting Conditions:

This certificate supersedes
certificate issued 07 MARCH 1997

Approved: 5-14-98

(Date) Inspector

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.

[Handwritten marks]



MEMORANDUM

368

To: Amy Powers, Code Enforcement Officer
From: Jim Seymour, Acting Development Review Coordinator
Date: May 11, 1998
Subject: 619 Brighton Avenue - Generations/Mercy Hospital

I have reviewed the site at 619 Brighton Avenue (Generations) for Mercy Hospital. Upon my review, I feel that the applicant has satisfactorily completed the required site work and it would be appropriate to issue a permanent certificate of occupancy.

In addition, due to the majority of the project site being completed for more than one year, I feel it is acceptable to release all defect bonding, but you should check with Public Works to make certain they have no outstanding issues with this site.

JRS:jc

Mary
Could you please
type a permanent
COO for this

Thanks!

J *ap*



MEMORANDUM

368

To: Amy Powers, Code Enforcement Officer
From: Jim Seymour *JRS*
Date: February 10, 1997
Subject: Generations - Mercy Hospital, 619 Brighton Avenue

I have reviewed the site construction associated with the building entrance and parking lot improvements for Mercy Hospital's (Generations) 619 Brighton Avenue property. Based on my site visit, I believe a temporary certificate of occupancy can be issued. Prior to any permanent certificate or release of a performance bond, the following items must be addressed and completed:

1. All granite curbing along Edgeworth Street shall be installed in accordance with the City's technical standards and be inspected by the Public Works Department during and following construction. All work in the right-of-way shall be completed within 60 days from the date Public Works begins to issue street opening permits in the spring of 1997, or a date not later than July 1, 1997.
2. Final pavement shall be installed within the parking lot in addition to all bituminous curbing and parking space line marking. All parking lot work shall be completed by June 1, 1997.
3. All landscaping and grassed areas disturbed by construction activity within the site, or in the right-of-way, shall be completed in accordance with the final plan prior to June 1st.
4. A Casco trap or hood shall be placed within the catch basin located in the parking lot prior to June 1st.
5. The areas in front of the handicap access ramp leading to the building entrance shall be constructed such that the lip from the parking area to the ramp meets ADA standards. Currently, a larger lip than normal is there because the final pavement course has not been set. The adjustment may be temporary, but must be installed immediately, or as soon as weather conditions allow for construction.

JRS:je

BUILDING PERMIT REPORT

DATE: 9/26/94 ADDRESS: 619 Brighton Ave

REASON FOR PERMIT: renovating

BUILDING OWNER: Mercy Hospital

CONTRACTOR: Allier

PERMIT APPLICANT: Dennis Law APPROVAL: with conditions #1, 3, 5, 6, 7, 8, 14, 15, 16, 17, 18 & 22

DENIED:

CONDITION OF APPROVAL OR DENIAL

Fire prevention req: #16, #18

1. Before concrete for foundation is placed, approvals from the Development Review coordinator and Inspection Services must be obtained. (A24 hour notice is required prior to inspection)
2. Precaution must be taken to protect concrete from freezing.
3. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
4. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage means of 1/2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4 section 407.0 of the BOCA/1996)
5. Guardrail & Handrails-A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
6. Headroom in habitable space is a minimum of 7'6".
7. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use Group minimum 11" tread, 7" maximum rise.
8. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
9. 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 without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue, they shall

(over)

have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. feet.

10. 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.
11. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with selfclosers.
12. The boiler shall be protected by enclosing with on (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
13. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's building code Chapter 9, Section 19, 919.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19, (Smoke detectors shall be installed and maintained at the following locations):
 1. In the immediate vicinity of bedrooms
 2. In all bedrooms
 3. In each story within a swelling unit, including basements

In addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required)

14. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
15. The Fire Alarm System shall be maintained to NFPA #72 Standard.
16. The Sprinkler System shall maintained to NFPA #13 Standard.
17. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. of the City's building code. (The BOCA National Building Code/1996)
18. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued or demolition permit is granted.
19. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
20. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 MRSA refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
21. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's Office.

P. Samuel Hoffses
P. Samuel Hoffses, Chief of Inspection Services

c.c. Lt. McDougall P. F. D.

22) Site PLAN review requires that the compact spaces shall be labeled
- that RAMP details should be called out on the PLAN
- that detail should indicate the tip down length.

FIRE CODE PERMIT REPORT

DATE: _____ ADDRESS: _____

PERMIT TO: _____

OWNER/CONTRACTOR: _____

APPROVED _____ DENIED _____

CONDITIONS OF APPROVAL/DENIAL

1. The boiler or furnace shall be protected by enclosing with one hour fire rated construction including fire doors and ceiling or by providing automatic extinguishment and smoke protected enclosure. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide a 0.15 gpm, per square foot of floor throughout the entire area. An indicating shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
2. All required Fire Alarm Systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
3. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
4. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.
5. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is five feet above finished floor.
6. All Master Box locations are required to have a locked box (knoxbox).
7. A fire alarm acceptance report shall be submitted to the Portland Fire Department.
8. All underground tank removal(s) and/or installation(s) shall be done in accordance with the Department of Environmental Regulations (Chapter 691).
9. No cutting of tanks on site. Cutting of tanks is to be done at an approved tank disposal site.
10. Fire Dispatcher must be at least 48 hours in advance of removal and/or transportation of tanks.
11. All above ground L/P storage tanks shall be located in accordance with NFPA 58 Standards.
12. Any tank located near the path of vehicle movement shall be protected with appropriate permanent barricades.

(over)

Also part of conditions
Requirements

13. All piping shall be protected from possible mechanical damage and vandalism.
14. A 4" storz fire department connection is required.
15. Any new sprinkler construction over six sprinkler heads needs to have State Fire Marshal approval.
16. Any renovations of sprinkler systems over 20 sprinkler heads needs to have State Fire Marshal approval.
17. A sprinkler performance test shall be submitted to the Portland Fire Department after completion of sprinkler work.
18. State Fire Marshal approval is required for this project.

Lt. G. McDougall
Fire Prevention Officer
City of Portland

Humidifier
@ ea. of room
Storage
from sprinkler

Generations

Anne Callendar
Joe Rovey

- 1.) Joe will contact Planning - site ✓ rec'd 2-10-97
- 2.) Fire Alarm / sprinkler systems to be tested by Monday
- 3.) Check water tanks, etc. FEB 5 '97 120'

Water tanks
120'

- 4.) Photo X-Ray unit - indirect waste line
- 5.) Basement -

open inch from
water

- a.) Plumbing -
- 2.) ~~water~~ sleeved, patched wall directly around pipe
- b.) area that's existing to be patched.

all copper
insulated
proper hangers

- c.) entry Reception - head height / excutison

bladder
Safety glass
entry

- e.) 1st floor -
- a.) sprinkler coverage @ file storage
- b.) fire rating @ Elevator shafts / Masonry
- c.) fire door in stairwell

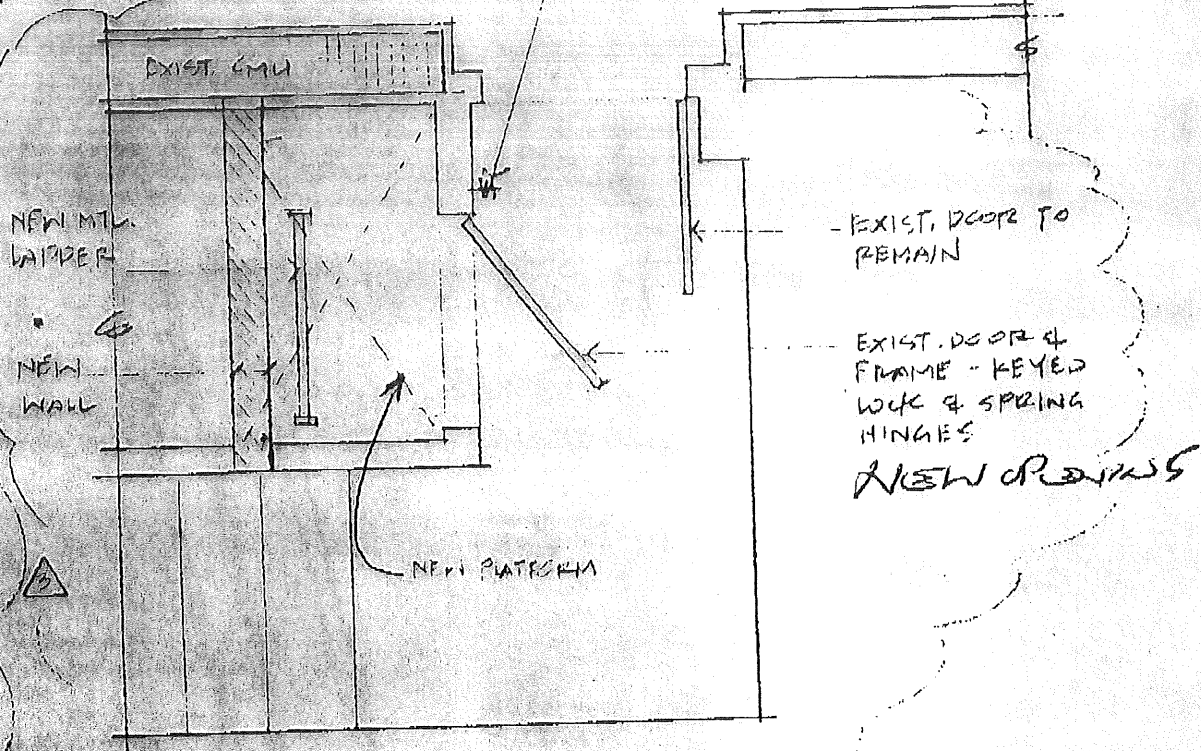
Back stairs / sheetrock not complete for fire rating
Masonry - 2 in

95

019 Brighton Ave.
 Mercy Hosp.

BUILDING SECTION

1
 A4 1/4" = 1'-0"

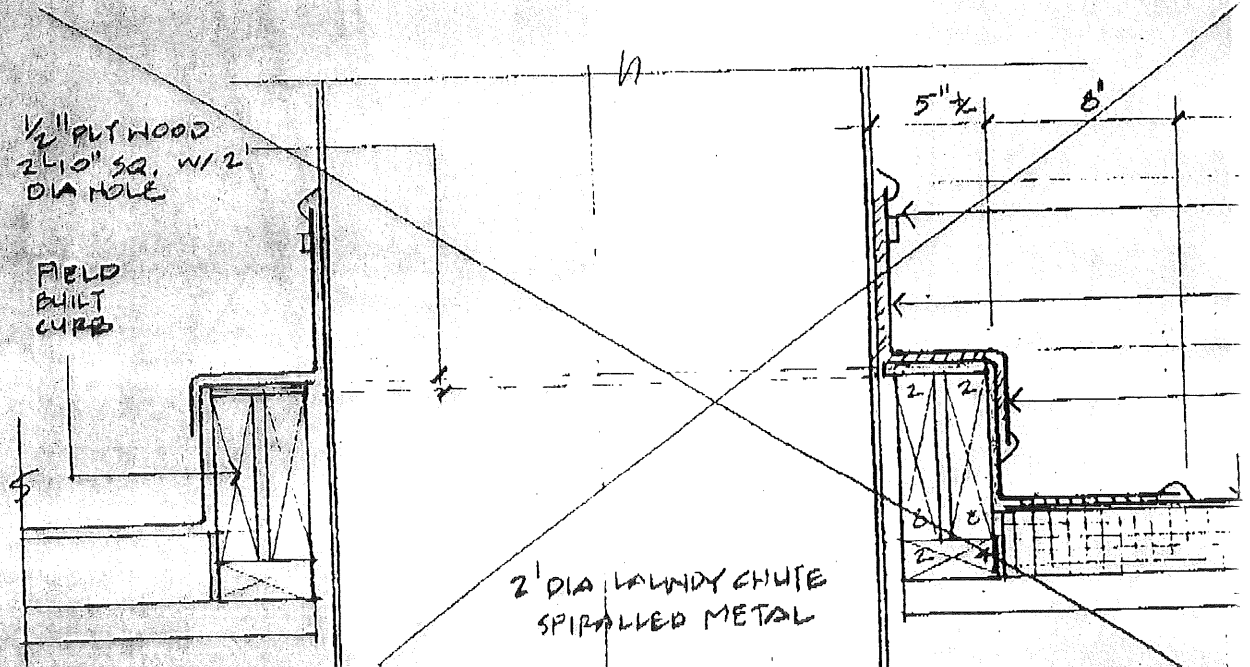


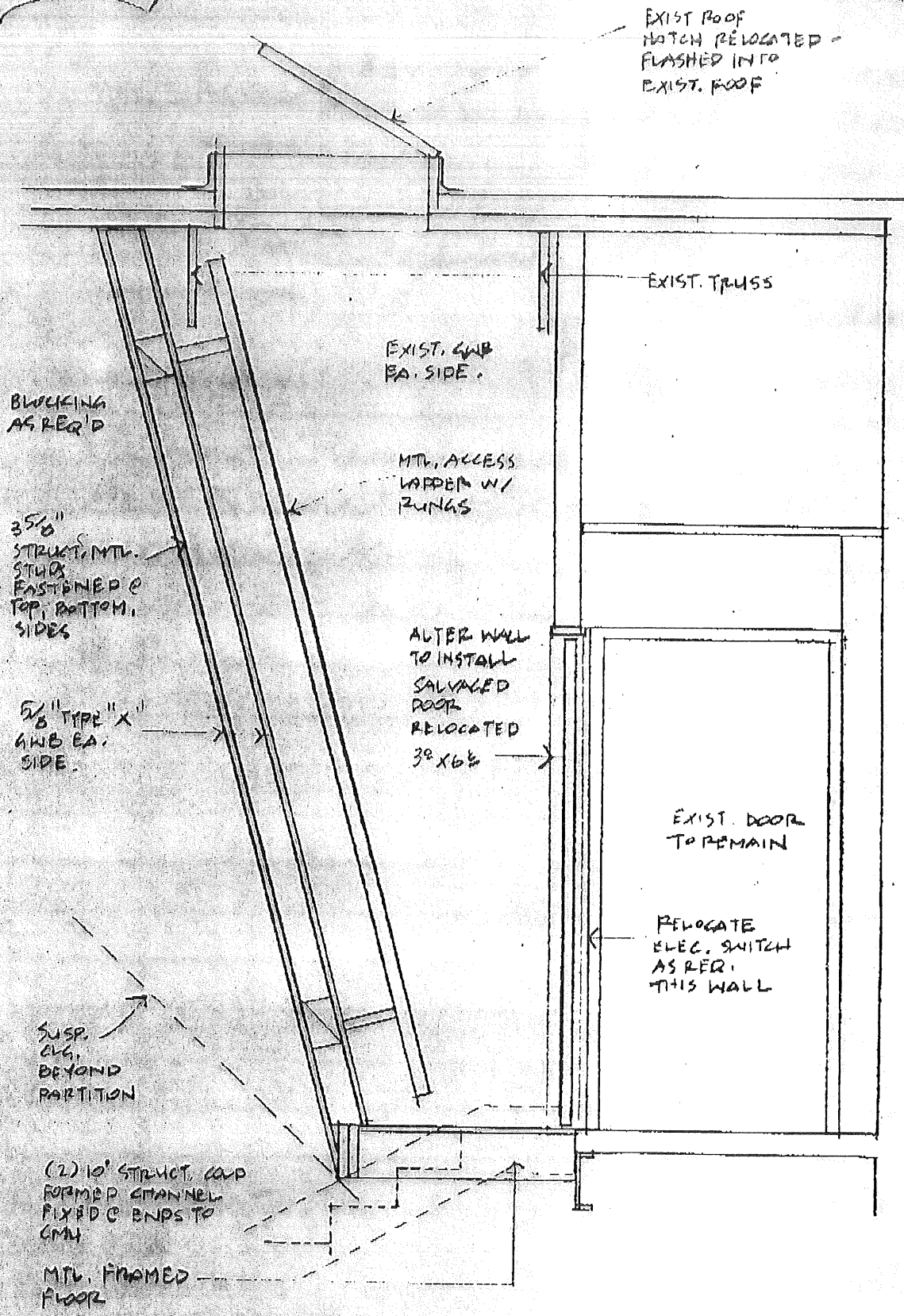
ROOF ACCESS PLAN DETAIL

4
 A4

3/8" = 1'-0"

OK
 per S.H.





NEW
WAP
NEW
WAP



0
A4

ROOF ACCESS DETAIL

1/2" = 1'-0"

REVIEWED FOR
BARRIER FREE
COMPLIANCE

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE FIRE MARSHAL
AUGUSTA
CONSTRUCTION PERMIT



Permit No 8099

PERMISSION IS HEREBY GIVEN TO:

Mercy Hospital
194 State St
Portland
Maine 04101

Location of project:

619 Brighton Ave
Portland

PROJECT TITLE:

Medical Office Space
OCCUPANCY CLASSIFICATION: for
business generation
& ambulatory health care

To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on March 23, 1997.

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Dated the 24 day of Sept A.D. 1996

FEE \$ 200.- (sprinkled) Alfred Skelton
Commissioner - Public Safety



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

I. D. Number _____

Applicant Mercy Hospital
144 State St Ptld, ME 04102

29 July 1996
Application Date

Applicant's Mailing Address
DeLuca-Hoffman Assoc.

Project Name/Description

Consultant/Agent A1 Palmer 775-1121

619 Brighton Ave
Address of Proposed Site 184-A-001

Applicant or Agent Daytime Telephone, Fax

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 Other (specify) Paving
88 GFC 667 Total Sq ft 29,645 Sq Ft R-P
 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"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan 300.00 subdivision _____

Approval Status:

Reviewer *Maerge Schmuck*

- Approved Approved w/Conditions listed below Denied

- _____
- _____
- _____
- _____

Approval Date 9/26/96 Approval Expiration _____ date Extension to _____ date 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 | |
| Performance Guarantee Reduced | _____ date | _____ remaining balance | _____ signature |
| Performance Guarantee Released | _____ date | _____ signature | |
| Defect Guarantee Submitted | _____ submitted date | _____ amount | _____ expiration date |
| Defect Guarantee Released | _____ date | _____ signature | |

Address: 619 Brighton Ave - Mercy



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

I. D. Number _____

Applicant Mercy Hospital
144 State St Portland, ME 04102

29 July 1996
Application Date

Applicant's Mailing Address
DeLuca-Hoffman Assoc.

Project Name/Description
619 Brighton Ave

Consultant/Agent
Al Palmer 775-1121

Address of Proposed Site
184-A-001

Applicant or Agent Daytime Telephone, Fax _____

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 Other (specify) Paving
88 GFC 667 Total Sq Ft 29,645 Sq Ft

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"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan 300.00 subdivision _____

Approval Status:

Reviewer [Signature]

- Approved Approved w/Conditions listed below Denied

1. _____
2. _____
3. _____
4. _____

Approval Date 7/29/96 Approval Expiration _____ date Extension to _____ date Additional Sheets Attached

Condition Compliance _____ signature _____ date

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- | | | | |
|---|----------------------|-------------------------|-----------------------|
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| Performance Guarantee Reduced | _____ date | _____ remaining balance | _____ signature |
| Performance Guarantee Released | _____ date | _____ signature | |
| Defect Guarantee Submitted | _____ submitted date | _____ amount | _____ expiration date |
| Defect Guarantee Released | _____ date | _____ signature | |

Address: 619 Brighton Ave - 184-A-001



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

I. D. Number _____

Applicant Mercy Hospital
144 State St Ptld, ME 04102

29 July 1996
Application Date

Applicant's Mailing Address
DeLuca-Hoffman Assoc.

Project Name/Description

Consultant/Agent Al Palmer 775-1121

619 Brighton Ave
Address of Proposed Site
184-A-001

Applicant or Agent Daytime Telephone, Fax

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 Other (specify) Paving
88 GFC 667 Total Sq Ft 29,645 Sq Ft

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"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan 300.00 subdivision _____

Approval Status:

Reviewer Jim Seymour

- Approved Approved w/Conditions listed below Denied

1. _____
2. _____
3. _____
4. _____

Approval Date 9/9/96 Approval Expiration 9/9/97 Extension to _____ date _____ date

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 checked="" type="checkbox"/> Performance Guarantee Accepted | <u>9/24/96</u> date | <u>\$5,580.00</u> amount | <u>7/29/96</u> expiration date |
| <input checked="" type="checkbox"/> Inspection Fee Paid | <u>9/24/96</u> date | <u>\$300.00</u> amount | |
| Performance Guarantee Reduced | _____ date _____ | _____ remaining balance _____ | _____ signature _____ |
| Performance Guarantee Released | _____ date _____ | _____ signature _____ | |
| Defect Guarantee Submitted | _____ submitted date _____ | _____ amount _____ | _____ expiration date _____ |
| Defect Guarantee Released | _____ date _____ | _____ signature _____ | |

Address: 619 Brighton Ave - Mercy



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

I. D. Number _____

Applicant Mersey Hospital
144 State St Portland, ME 04102

Application Date 29 July 1996

Applicant's Mailing Address DeLuca-Hoffman Assoc.

Project Name/Description _____

Consultant/Agent Al Palmer 773-1121

Address of Proposed Site 619 Brighton Ave
154-A-001

Applicant or Agent Daytime Telephone, Fax _____

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 Other (specify) Paving

Proposed Building Square Feet or # of Units 68 GFC 667 Total Sq Ft Acreage of Site 29,643 Sq Ft 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"/> Single-Family Minor | <input type="checkbox"/> Other _____ |

Fees paid: site plan 300.00 subdivision _____

Approval Status:

Reviewer Kandi Talbot

- Approved **Approved w/Conditions** listed below Denied
- Compact spaces should be labelled
 - ramp details should be called out on plan
 - detail should indicate the tipdown length
 - _____

Approval Date 9/9/96 Approval Expiration 9/9/97 Extension to _____ date Additional Sheets Attached

Condition Compliance Kandice Talbot 9/25/96
signature date

Performance Guarantee

Required* Not Required

* No building permit may be issued until a performance guarantee has been submitted as indicated below

| | | | |
|--|-------------------------|-----------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> Performance Guarantee Accepted | <u>9/24/96</u> date | <u>\$5,580.00</u> amount | <u>7/29/97</u> expiration date |
| <input checked="" type="checkbox"/> Inspection Fee Paid | <u>9/24/96</u> date | <u>\$300.00</u> amount | |
| Performance Guarantee Reduced | _____ date | _____ remaining balance | _____ signature |
| Performance Guarantee Released | _____ date | _____ signature | |
| Defect Guarantee Submitted | _____ submitted date | _____ amount | _____ expiration date |
| Defect Guarantee Released | _____ date | _____ signature | |

Address: 619 Brighton Ave - Mersey Hospital

ELECTRICAL INSTALLATIONS —

Permit Number 07656
Location 619 Brighton Ave.
Owner Dr. Levesque
Date of Permit 12-6-84
Final Inspection 1-30-85
By Inspector Libby
Permit Application Register Page No. 56

INSPECTIONS: Service ✓ by Libby
Service called in 12-24-84
Closing-in 12-4-84 by Libby

PROGRESS INSPECTIONS:
12-14-84 | 1
1-28-85 | 1
1-30-85 | 1
| 1
| 1

CODE
COMPLIANCE
COMPLETED
DATE 1-30-85

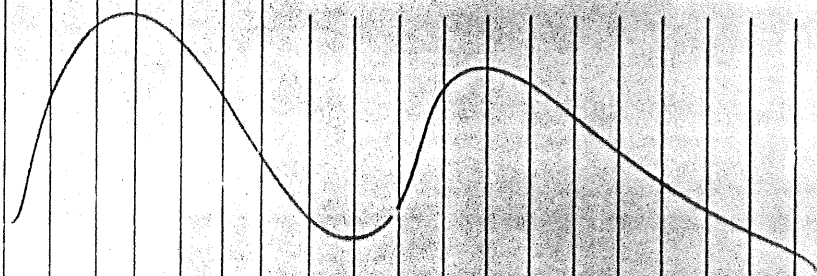
REMARKS:
DATE: 1-28-85 Work not done - but occupied
without C.O.
1-30-85 OK for partial C.O.
2nd floor to be done later

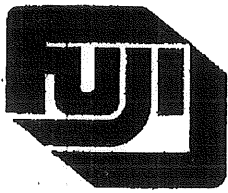


Permit No. 86/328
Location 640 Doughty Ave.
Owner City Group
Date of permit 4-28-86
Approved 5-6-86
Dwelling sign
Garage
Alteration

Tom ~~Brubaker~~ Gruber
owner of 419 Brighton
would like ^{copy} of original
Cop 0 for their
State Surgical Insp.

NOTES
10/12/86 Work Completed

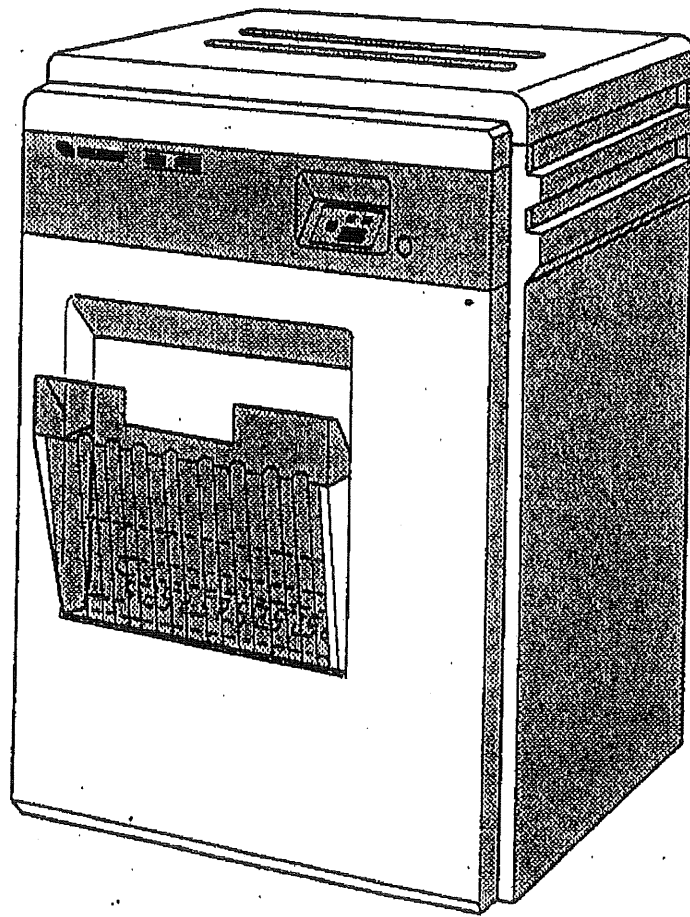




GENERATIONS
619 BRIMTON AVE.

FUJI FILM INSTALLATION MANUAL

FUJI MEDICAL FILM PROCESSOR
FPM4200



Rec'd
1-10-97



FUJI PHOTO FILM CO., LTD.

26-30, Nishiazabu 2-chome, Minato-ku, Tokyo 106, Japan.

< Fuji Film Abroad >

- In North America** FUJI PHOTO FILM U.S.A., INC.
555 Taxter Road, Elmsford, N.Y. 10523, U.S.A.
FUJI PHOTO FILM CANADA INC.
5915, Ave., Coopers, Mississauga, Ontario, L4Z 2Y6, Canada
FUJI PHOTO FILM HAWAII, INC.
1850 Kalanianaʻahele Avenue, Honolulu, Hawaii 96826
- In Europe** FUJI PHOTO FILM (EUROPE) G.m.b.H.
Heesenstr. 31, 4000 Düsseldorf 11, Postfach 180321, West Germany
FUJI PHOTO FILM (U.K.) LTD.
Fuji Film House, 125 Finchley Road, Swiss Cottage, London NW3 6JH, England
- In South America** FUJI PHOTO FILM DO BRASIL LTDA.
AV. Ver. Jose Diniz 3453, CEP 04603, C.P. 9959, S. Paulo, Brazil
- In Asia** FUJI PHOTO FILM CO., LTD., HONG KONG OFFICE
Rm. 2704, Admiralty Centre, Tower 1, 18 Harcourt Road, Hong Kong
FUJI PHOTO FILM (SINGAPORE) PTE. LTD.
101 Thomson Road, 32-00 United Square, Singapore 1130
FUJI PHOTO FILM (THAILAND) LTD.
S.P. Building, 8th Floor, 388 Phaholyothin Road, Bangkok 10400, Thailand
FUJI PHOTO FILM CO., LTD., TAIPEI OFFICE
Rm. 501 Hung Chong Bldg., No. 20, Chilling Road, Taipei 10424, Taiwan
FUJI PHOTO FILM CO., LTD., SEOUL OFFICE
Han Boo Bldg., 30-1, Mukjung-dong, Chung-ku, Seoul, Korea
FUJI PHOTO FILM CO., LTD., BEIJING REPRESENTATIVE OFFICE
Beijing Hotel, Room No. 6053, Dong Chang An Street, Beijing, China
- In Oceania** FUJI PHOTO FILM CO., LTD., SYDNEY REPRESENTATIVE OFFICE
c/o Hanimax Pty. Limited, Old Pittwater Road, Brookvale, N.S.W. 2100, Australia

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1. INTRODUCTION

The FPM4200 Fuji Medical film processor is designed to achieve maximum production efficiencies in a minimum of space.

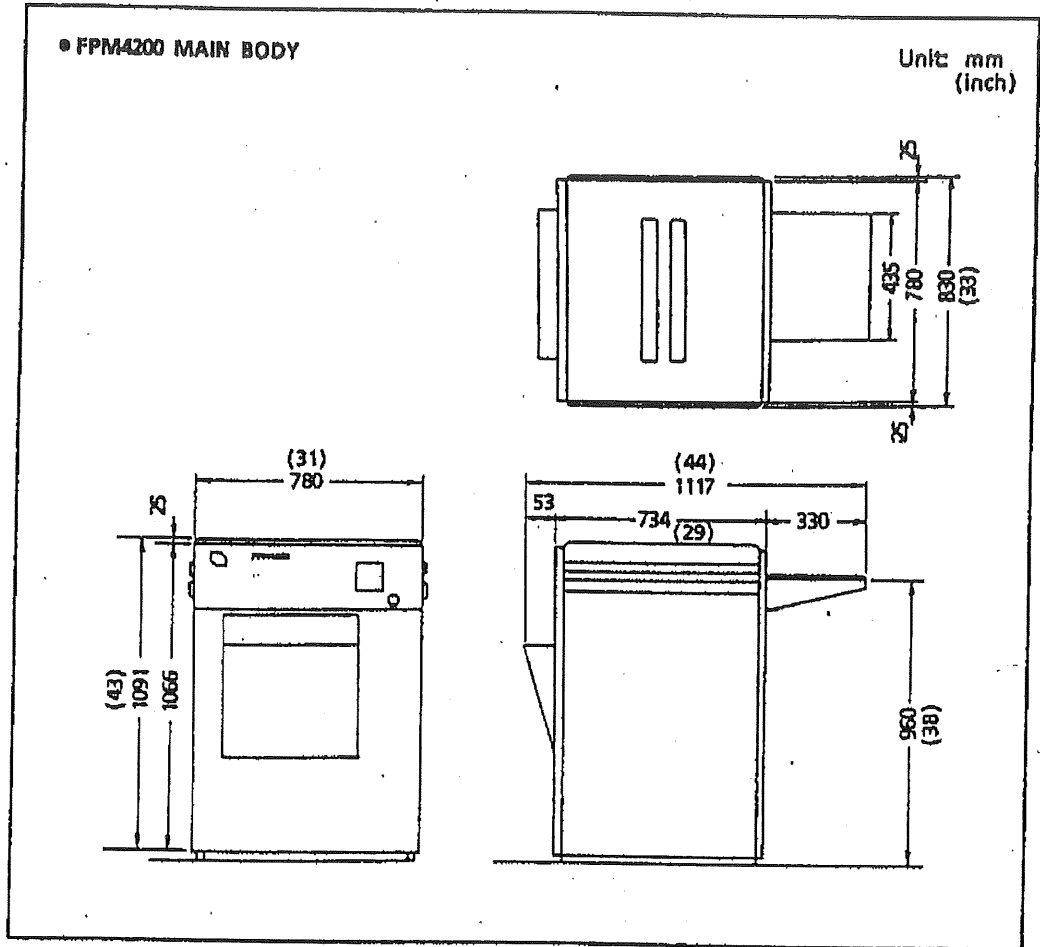
In order to fully understand and use the capacities of this processor it is essential that all sections of this manual be read and digested for the sake of complete and correct maintenance and operational procedures. Further, it is important that general installation planning be carried out with care. Should any technical information be required or any technical problems be anticipated, consult your local Fuji Film dealer for assistance.

SUGGESTIONS

1. The room space and work flow should be given adequate consideration when determining an installation layout.
 - Refer to the section on "INSTALLATION ORIENTATIONS."
2. Examine the environmental conditions of the room where the processor is to be installed and make changes if necessary to meet environmental requirements.
 - Refer to the section on "ENVIRONMENTAL REQUIREMENTS."
3. Prior to installation be sure that your electrical power service is adequate. If it is inadequate, arrange for the essential increase in amperage and call in an electrician to do the necessary electrical work.
 - Consult an electrician.
4. Prior to installation be sure that plumbing standards are met for the particular water supply system to be used and complete piping before the processor is brought in.
 - Consult a plumber.
5. Divide the installation work into the basic essentials (e.g., room partitioning, plumbing and electrical work) and incidentals, and finish all work not directly related to processor connection.
 - Refer to the sections on "INSTALLATION PROCEDURES."

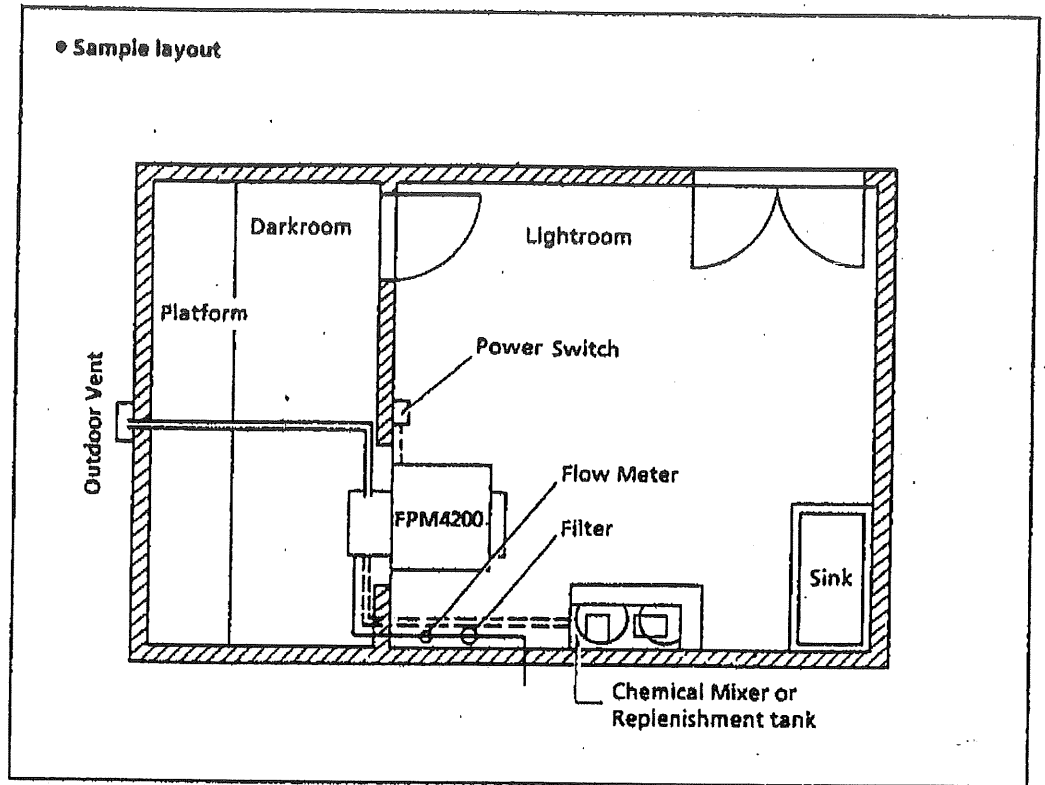
2. INSTALLATION ORIENTATIONS

2.1 OUTSIDE DIMENSIONS



2.2 STANDARD LAYOUT

• A sample layout for the FPM4200 processor is indicated below.



3. ENVIRONMENTAL REQUIREMENTS

3.1 ROOM CONDITIONS

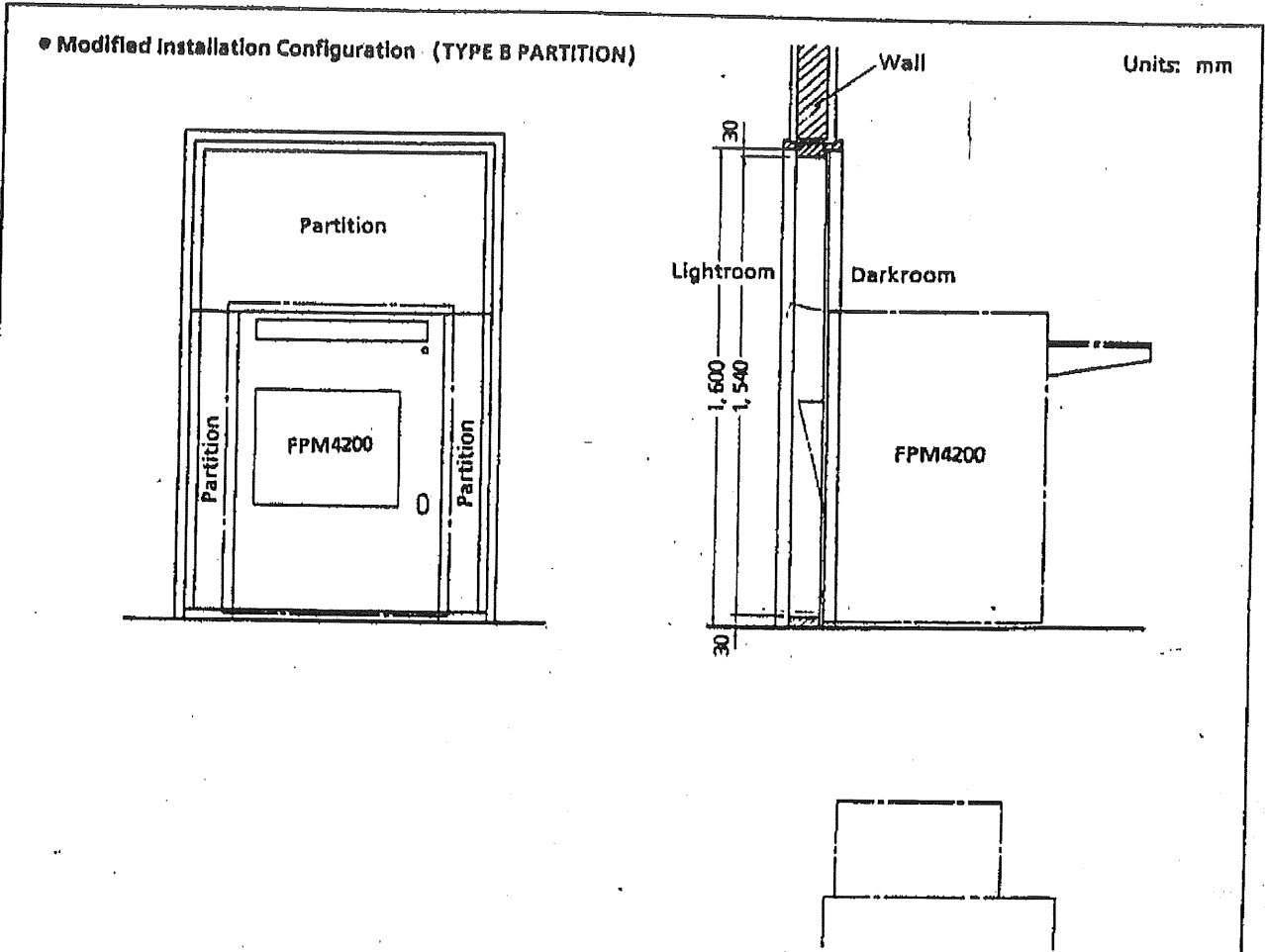
1. A ventilator should be installed in the processor room for the following reasons.
 - (1) As films are dried through the introduction of room air, drying may be faulty or insufficient if the room temperature or humidity increases too greatly.
 - (2) Protection of the processor against corrosion has been given adequate design consideration through the use of non-corroding materials such as stainless steel. However, if processor room ventilation is inadequate or the room humidity is allowed to rise to objectionable levels, not only will the life of the processor be shortened but its operation may become somewhat erratic leading to possible failure.
 - (3) The processor room will need a ventilator especially when the processor is to be installed using the standard, darkroom or modified standard installation layouts.
2. Avoid installing the processor in a location where it may be directly exposed to sunlight. Direct exposure to sunlight may lead to operational difficulties. If such a site cannot be avoided, set up a light barrier using light-tight curtains.
3. In cold-winter climates the solutions and water in the processor and in the water supply and drainage systems may freeze overnight unless provision is made to prevent their temperatures from falling below certain levels. Even if freezing does not occur, heating may be required for excessively long periods prior to operation the next morning. To avoid such delays make provisions for maintaining liquid temperatures above certain levels at night.

3.2 FLOOR CONDITIONS

1. The FPM4200 processor weights about 250 kg (550 lbs) when loaded with solutions for operation and requires a floor area of 0.55 sq. m (714 x 780 mm) = 6 sq. ft (2.3 x 2.6 ft). Consult an expert to make sure that the floor support structures are adequate.
2. Be sure to waterproof the floor, since solution and water spattering is unavoidable as in cleaning. Acid and alkali (pH 3.8 to 12) resistance and ease in cleaning should be given adequate consideration.
3. If floor drainage is not adequate or if the floor is always damp, such conditions will not only shorten the life of the processor but become the cause of operational difficulties. Therefore an adequate floor drain should be provided without fail.

◀ Partitioning at the Output End ▶

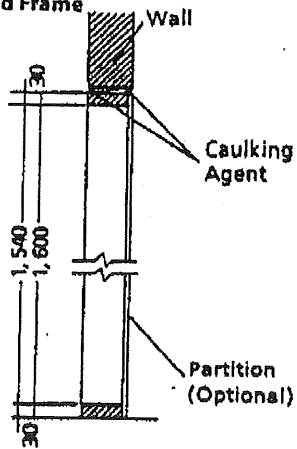
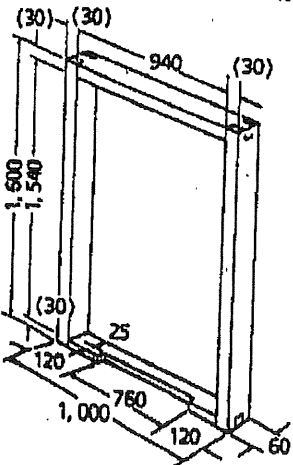
This layout requires that the main body of the FPM4200 processor lie primarily in the darkroom.



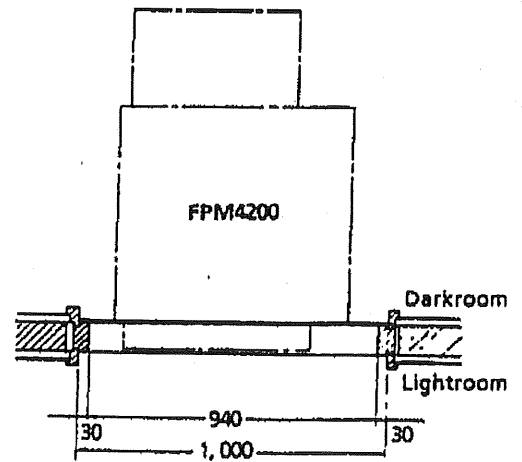
(2) PARTITIONING ON THE OUTPUT END (Type B) Units: mm

• Wood Frame

• Fitting the Wood Frame



Wall Opening without Wood Frame.



4. INSTALLATION PROCEDURES

4.1 ROOM PARTITIONING

When the FPM4200 processor is to be installed across a wall between a darkroom and a lightroom, make an opening in the wall and fit a wood frame into it. The wall opening is made in one of two ways depending on the type of installation layout.

For these two installation orientations, partition boards are available as optional accessories.

Type A Installation: Parts Number 821F0012

Type B Installation: Parts Number 821F0013

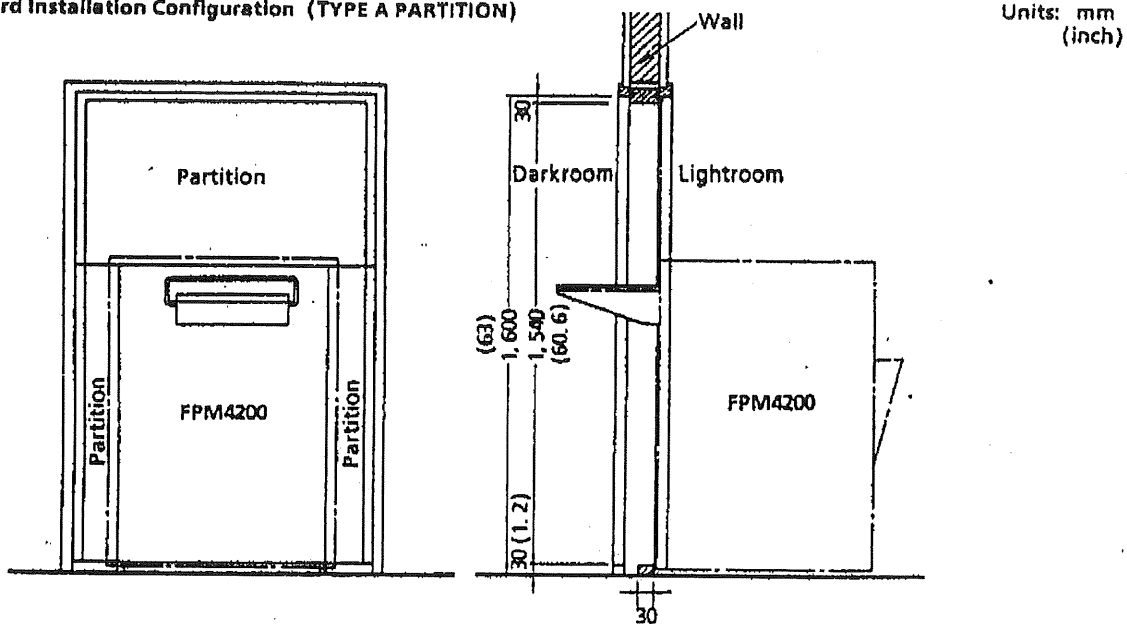
For further details as to installation procedures refer to "Service Bulletin" # 57.

◀Standard Installation Layout▶

This layout requires that the main body of the FPM4200 processor lie primarily in the lightroom.

• Standard Installation Configuration (TYPE A PARTITION)

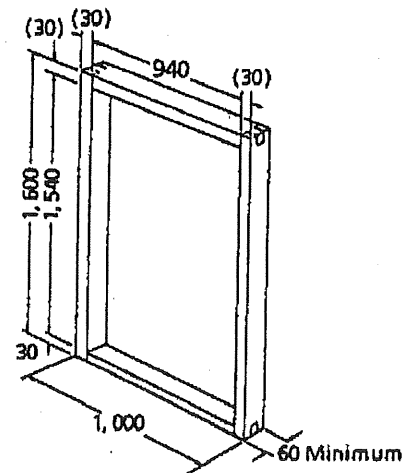
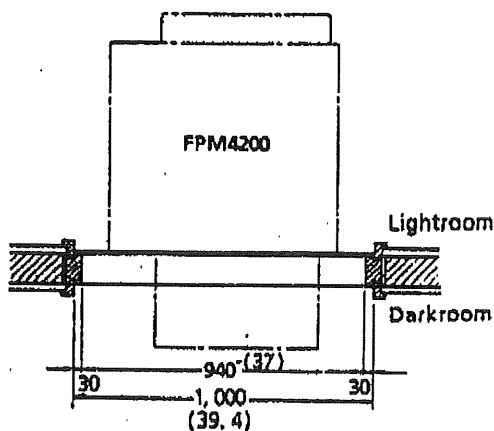
Units: mm
(inch)



(1) INSTALLATION USING A WOOD FRAME (Type A)

(2)

•Wood Frame

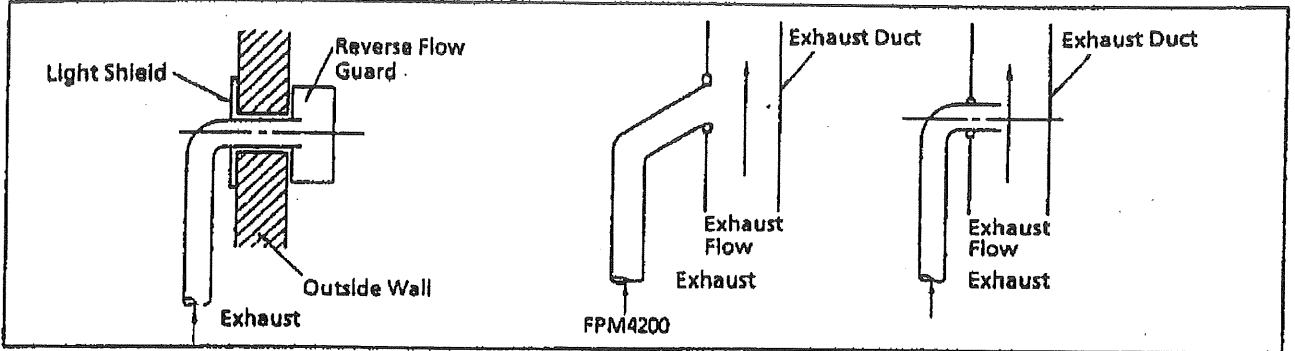


Parenthesized figures indicate the dimensions of the wall opening without a wood frame.

◀ Exhaust Orientation ▶

The FPM4200 exhaust must be ventilated directly to the outside. The methods employed are indicated in the illustrations below. The ventilation fan installation should be carried out as indicated but in any case reverse flow must be prevented.

For exhaust connections with the FPM4200, use the flexible ducting provided with the processor.

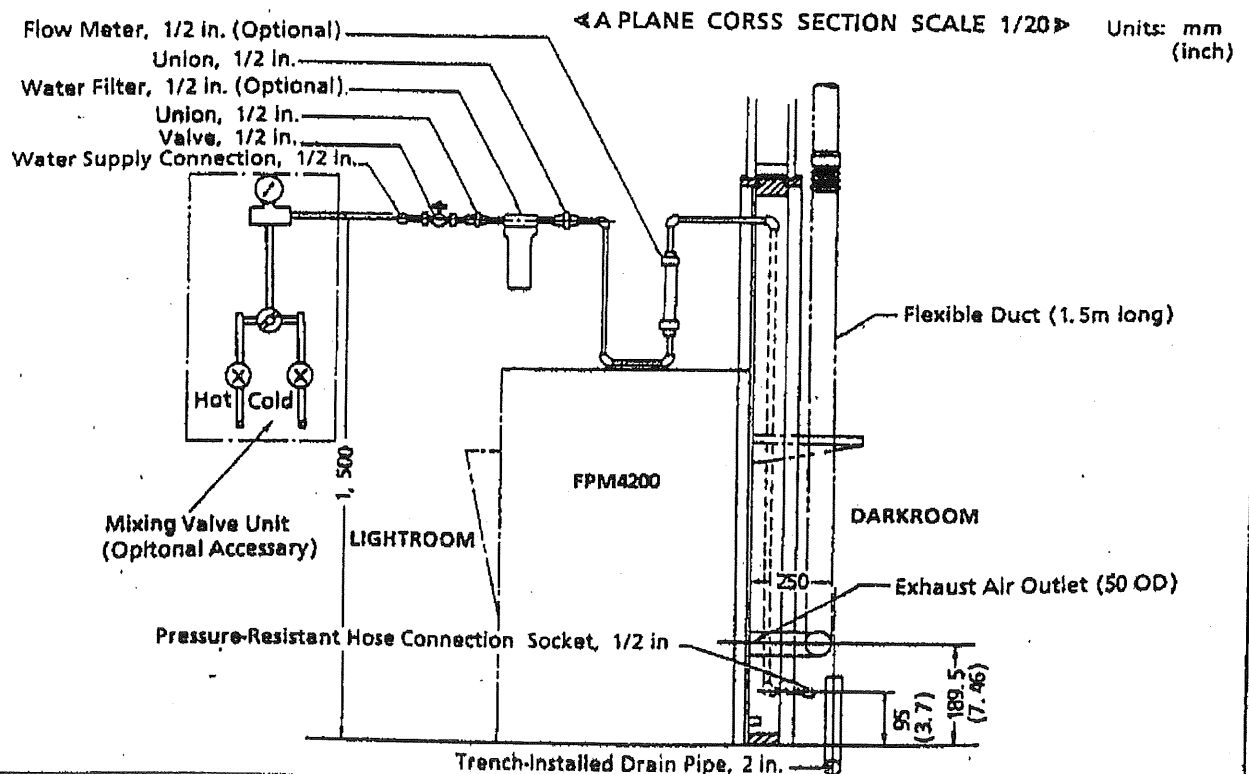


◀ Waste Water Flow Rate ▶

| | |
|-------------------------|--|
| ① Waste water flow rate | 5 lit. /min or less during operation, 10 lit. /min when emptying one tank and 30 lit. /min when emptying 3 tanks at the same time. |
|-------------------------|--|

◀ Drain Specifications ▶

1. Install a 1 1/2 in. or 2 in. drainpipe with a run height differential of 200 to 300 mm from the floor.
2. Connect the processor drain cocks to the floor drain using the accessory hoses cut to suitable lengths.
3. Install a trap in the drain system to shut out odor.

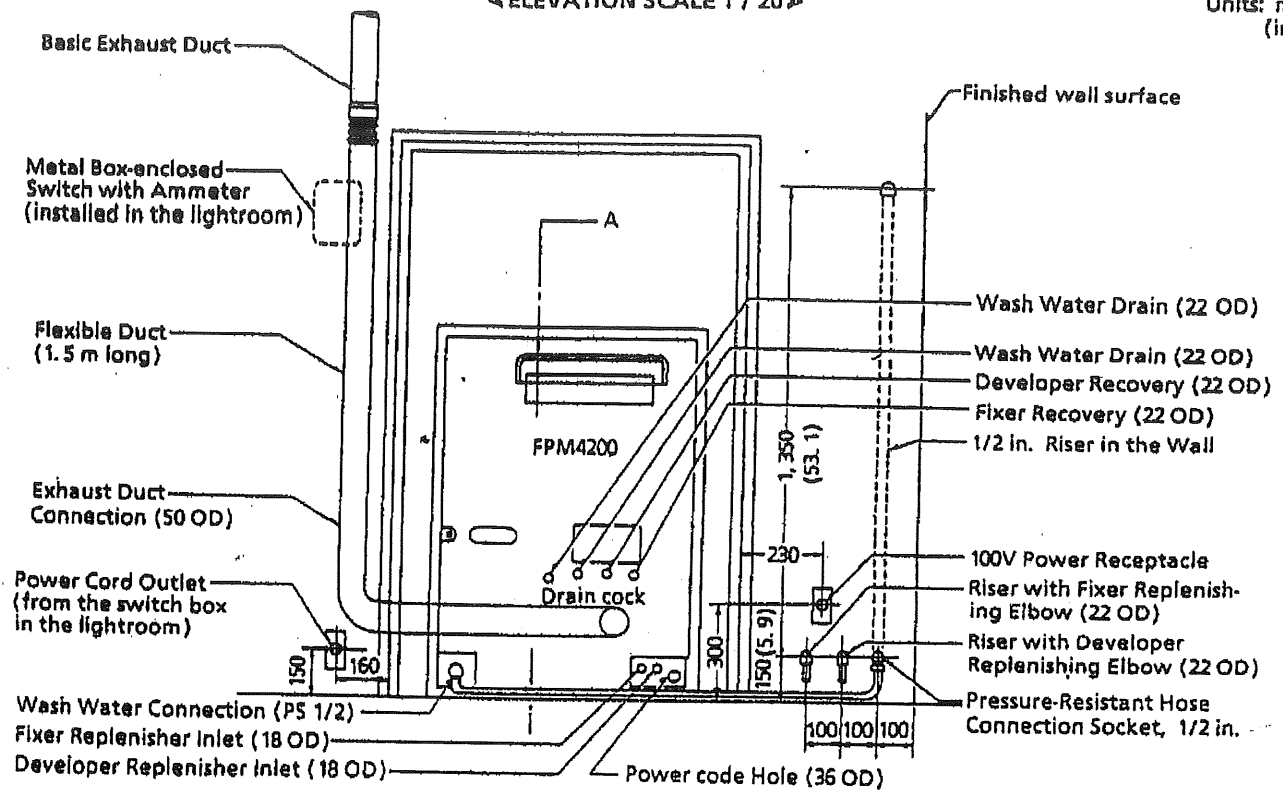


4.2 PLUMBING DRAINAGE AND EXHAUST SYSTEM

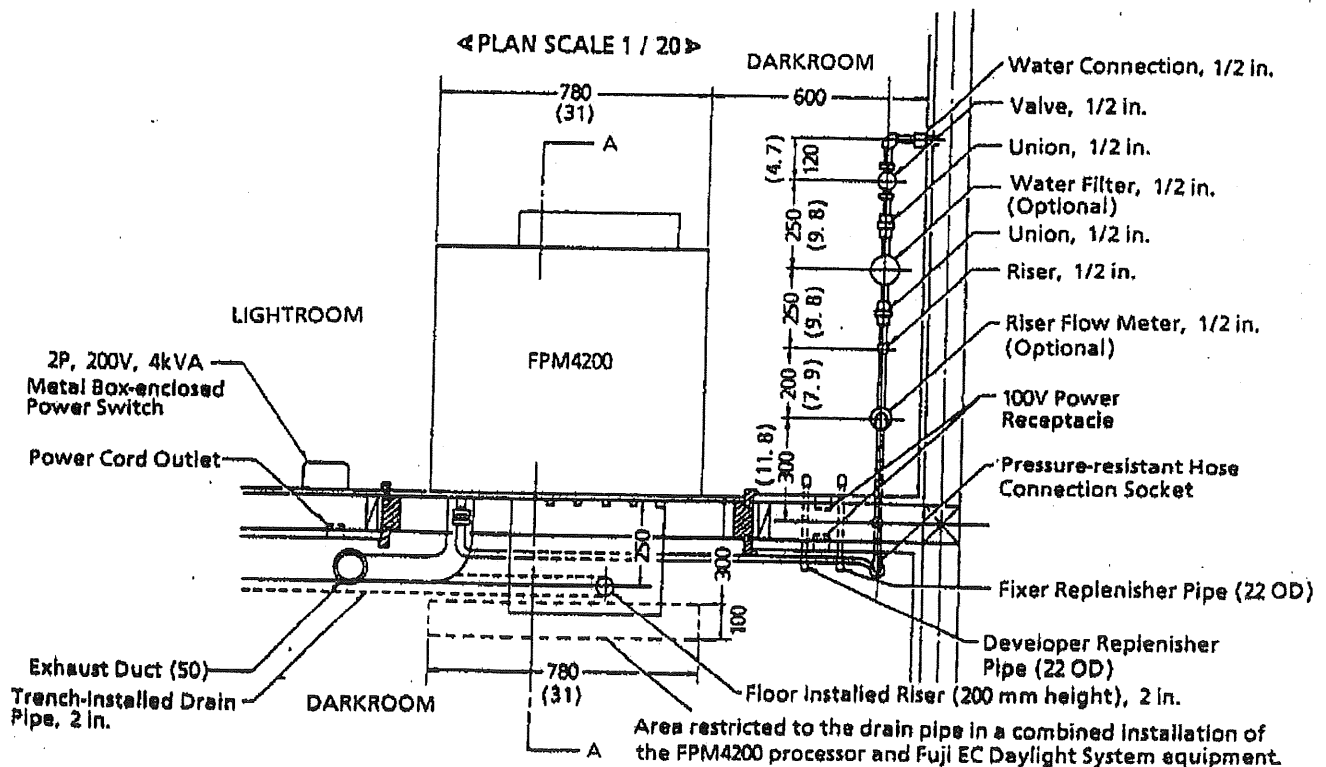
• Detailed Drawings of the Water Supply and Drainage

◀ ELEVATION SCALE 1 / 20 ▶

Units: mm
(inch)



◀ PLAN SCALE 1 / 20 ▶



4.3 ELECTRICAL SYSTEM

| | |
|--------------------------|-------------------------------------|
| ① Power Requirements | 200~240V AC, single-phase, 50/60 Hz |
| ② Voltage Regulation | Within $\pm 10\%$ of 200~240V |
| ③ Max. Power Consumption | 26A |
| ④ Grounding | Class 3 ground |

◀ Electrical Work ▶

1. Install a circuit breaker with ammeter (rated at 30 A or more) at an easily accessible location on the processor room wall.
2. Be sure to short the processor to ground, using a class 3 ground.
3. Install a leakage circuit breaker.
4. When the FPM4200 has been installed, connect the power cord to the ammeter power switch.

