

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 _____

Acres 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	LOADING	COMPLY WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	UTILITY	CURBING	SIDEWALKS	OTHER	
APPROVED																CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY																
DISAPPROVED															REASONS SPECIFIED BELOW	

REASONS: _____

(Attach Separate Sheet if Necessary)

RECEIVED

SEP 1 1988

DEPT. OF BUILDING INSPECTIONS
 CITY OF PORTLAND

William J. [Signature] 9/1/88
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAIN
SITE PLAN REVIEW
 Processing Form

April 22, 1988
 Date

Orthopaedic Association, P.C.
 Applicant
15 Lowell St., Portland, Maine 04102
 Mailing Address
Medical Building
 Proposed Use of Site
2.46 acres / 31,000 sq. ft.
 Acreage of Site / Ground Floor Coverage

2500 Council Street
 Address of Proposed Site
100-27-1-3
 Site Identifier(s) from Assessors Maps
M-1
 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
 Total Floor Area 32,000 sq. ft.

Other Comments: _____
 Date Dept. Review Due: _____

PLANNING DEPARTMENT REVIEW

(Date Received)

- Major Development — Requires Planning Board Approval; Review Initiated **APPROVED BY PLANNING BOARD**
 Minor Development — Staff Review Below

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

CONDITIONS SPECIFIED BELOW
 REASONS SPECIFIED BELOW

REASON 1 THAT A DRAINAGE EASEMENT BE SUBMITTED FOR STAFF REVIEW AND APPROVAL ~~BEFORE THE~~ BEFORE THE ~~THE~~ ORTHOPEDIC ASSOCIATES ~~PROPERTY~~ PROPERTY AS PROVIDED FOR IN THE ORTHOPEDIC ASSOCIATES SITE PLAN
 (Attach Separate Sheet if Necessary)

Richard K. ... 9-8-88
 SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT COPY

MAIN DRAIN FLOW TEST

Name of Property Orthopedic Assoc. Date 10/9/89
Address Swallow street, Portland, Me. Time 9:00 AM
CRS File No. _____

System Identification/Location Entire Building
Static Pressure 70 PSI Residual Pressure 80 PSI
Alarm Operating Yes No

System Identification/Location _____
Static Pressure _____ Residual Pressure _____
Alarms Operating Yes No

System Identification/Location _____
Static Pressure _____ Residual Pressure _____
Alarms Operating Yes No

John Russo Foreman
Signature of Person Making Tests Title

Company Name High Tech Fire Protection
Address P.O. Box 1511
Auburn, Me. 04210

Insurance representative should submit completed form and rating application to:

ISO Commercial Risk Services, Inc.
103 Newport Avenue
C.S. 1700
Quincy, MA 02269

ORTHOPAEDIC ASSOCIATES, PA.
The Sports Medicine Clinic

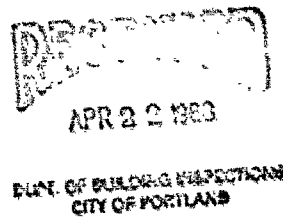
15 Lowell Street
Portland, Maine 04102
(207) 772-0078

Sandra Pulsam
Administrator

Donald M. Book, M.D.
Arthritis Surgery and Hand Surgery
Douglas W. Brown, M.D.
Sports Medicine and Arthropod Surgery
Omar D. Crisberg, M.D.
Surgery of the Ankle and Hip
Raymond K. White, M.D.
Trauma and Fracture Surgery
Philip N. Anson, M.D.
Sports Medicine and Arthroscopic Surgery
E. Lincoln Avery, M.D.
Sports Medicine and Arthroscopic Surgery
Donald P. Endrizzi, M.D.
Shoulder, Reconstructive, and Fracture Surgery

April 22, 1988

City of Portland Planning Department
Portland City Hall
389 Congress Street
Portland, Maine 04101



Re: Orthopaedic Associates New Building -
Sewall Street, Portland

Dear Portland City Planners:

We are pleased to submit to the staff a preliminary site plan, architectural drawings and a written statement which describes the scope of development we propose on Sewall Street in sufficient detail for preliminary review.

We intend to construct a medical facility of approximately 38,000+ square feet on a 2.46 acre site located on the westerly side of Sewall Street. The ground floor area of the building is approximately 31,000+ with associated parking for 146 automobiles. The site is currently zoned RP with permitted uses identical to those proposed.

Access to the site is shared with an abutter, Rheumatology Associates. One additional entrance off Sewall Street is proposed for this development. The property has drainage easement rights over adjacent parcels. The site is bisected north/south by a utility easement associated with an abandoned paper street.

Solid waste will be stored in screened dumpster type containers for removal. The site is currently served by utilities, including sewer, water, natural gas and electric power in or along Sewall Street. Sewall Street is also adequate to serve the site from a traffic standpoint with the intersection on Congress Street served by an existing traffic light.

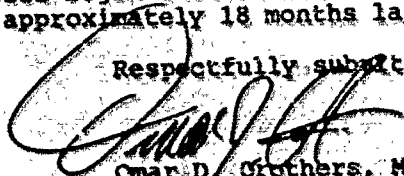
The site is primarily flat. This will necessitate additional

City of Portland Planning Department
April 22, 1988
Page Two

Filling in some areas to provide positive drainage to proposed new catch basins. These catch basins will allow control of storm water runoff by an underground pipe system terminating at an existing outfall on Hooper Street.

The proposed development will begin late summer 1988 and the building will be occupied approximately 18 months later.

Respectfully submitted,



Omar D. Crothers, M.D.
Board of Directors
Orthopaedic Associates, P.A.
The Sports Medicine Clinic

ORTHOPAEDIC ASSOCIATES, P.A.
The Sports Medicine Clinic

65 Lowell Street
Portland, Maine 04102
(207) 772-0070

Sandra Putnam
Administrator

Donald M. Booth, M.D.
Orthopaedic Surgery and Hand Surgery
Douglas W. Brown, M.D.
Sports Medicine and Arthroscopic Surgery
Omar D. Crothers, M.D.
Surgery of the Adult Hip
Raymond R. White, M.D.
Trauma and Fracture Surgery
Philip A. Anson, M.D.
Sports Medicine and Arthroscopic Surgery
F. Lincoln Avery, M.D.
Sports Medicine and Arthroscopic Surgery
Donald P. Endrizzi, M.D.
Shoulder, Reconstructive, and Fracture Surgery

April 22, 1988

City of Portland Planning Department
Portland City Hall
389 Congress Street
Portland, Maine 04101

Re: Orthopaedic Associates New Building -
Sewall Street, Portland

Dear Portland City Planners:

The following individuals will be owners of the proposed development:

Philip A. Anson, M.D.
81 Winnocks Neck Road
Scarborough, ME 04074

Omar D. Crothers, M.D.
106 Hardy Road
Falmouth, ME 04105


Donald M. Booth, M.D.
35 Foreside Road
Cumberland Foreside, ME 04110

Raymond R. White, M.D.
Percy Hawkes Road
Westbrook, ME 04092

Douglas W. Brown, M.D.
One Ship Channel Road
So. Portland, ME 04106

The estimated cost of this development will be approximately \$4,000,000.00.

Respectfully submitted,


Omar D. Crothers, M.D.
Board of Directors
Orthopaedic Associates, P.A.
The Sports Medicine Clinic

Land Plan Associates

Landscape Architecture • Civil Engineering • Planning
April 22, 1988

88118C01

David W. Chaffin, L.L.A.

David C. Hyman, P.E.
Lynn J. Lezotte, L.L.A.

Mr. William McKenney
Terrien Architects
900 Maine Savings Plaza
Portland, Maine 04101

SUBJECT: Orthopaedic Associates Site
Sewall Street, Portland
Drainage Analysis - Preliminary Report

Dear Bill:

This letter reports our initial findings relative to design of a stormwater drainage system to serve the proposed Orthopaedic Associates building site. This information is being provided to assist you in documenting your sketch plan submission to the City Planning Board, and is subject to updating as we proceed with the design of the project.

EXISTING CONDITIONS

The site is located on the west side of Sewall Street, adjacent to the Rheumatology Associates building. The site is very flat, and is currently an open meadow. The Soil Survey of Cumberland County indicates that soils on the site are Be-grade and Deerfield soils, which are characterized as moderately well drained. However, test borings at the site indicated approximately one foot of sandy loam soil overlies clays, with evidence of seasonal high water table near existing grade.

Under present conditions drainage partly toward the rear of the Rheumatology Associates building and partly toward the rear of the Orthopaedic Associates building. Of the runoff draining toward Sewall Street, a portion flows north along Sewall Street to an existing catch basin which goes to the combined sewer in that street. The remainder flows into a shallow swale across the entrance to Rheumatology Associates and thence in a ditch to a relatively new culvert located at the corner of Sewall and Hooper Street. Drainage from this culvert discharges via a graded drainage ditch to the Fore River.

Drainage from the rear of the Orthopaedic site, as well as from the two adjacent developed parcels between this site and Hooper Street, currently flows through a storm drain in the Eye Care and Surgery Center building site to an existing ditch in Hooper Street, and thence to an existing ponded area located on the south side of Hooper Street. Note that Hooper Street is presently in unused condition and has largely been demolished in the vicinity of the ponded area.

MR. WILLIAM MCKENNEY
ORTHOPAEDIC ASSOCIATES
PAGE TWO

The pond outlets beneath the Portland Terminal railroad tracks to the Fore River. The existing site is crossed by an underground electrical conduit (approximately 30" by 30") and a water main. The depth and location of these utilities will affect the placement of storm drains to serve the site.

DRAINAGE ALTERNATIVES

Representatives of Terrien Architects and Land Plan Associates, Inc. met on March 18, 1988 with Bob Roy of the City's Engineering Department and Dave Klenk of the Planning Department to discuss options for draining this site. Three potential methods were identified, and are as follows:

1. Discharge stormwater from the site to the combined sewer in Sewall Street. A separate storm drain is not available in Sewall Street. The existing combined sewer has limited capacity, and the city will not allow use of this sewer for storm drainage if another outlet is available.
2. Outlet drainage from the site to the existing culvert and ditch system located south of the site along Sewall Street. A 12-foot wide drainage easement is shown on the parcels fronting on Sewall Street between the subject site and Hooper Street. A ditch and/or storm drain pipe could be installed within this easement to convey stormwater from the site. A pipe would probably be necessary along Sewall Street to the existing culvert at the corner of Hooper Street, as the drainage easement is not wide enough to allow deepening the existing ditch. Depending on further analysis of the capacity of the existing 15-inch culvert crossing Sewall Street, some on-site detention would be required under this alternative. Riprap below the outlet of the existing 15-inch pipe would also be necessary.
3. Outlet drainage from the site over the rear of the Rheumatology Associates parcel and the adjacent Eye Care and Surgery Center parcel to an existing drainage course in the Hooper Street right-of-way. Runoff ultimately discharges to the existing ponded area adjacent to the railroad. Based on our meeting with the city staff, on-site detention of stormwater would not be required if this drainage method is utilized.

Subsequent to our meeting with city staff, Terrien and Land Plan personnel have discussed these alternatives with the owner and contractor for the project, conducted test pits in the field to locate existing utilities which affect the placement of storm drains, and assessed general topographic features that relate to selection of a method to drain the site.

Draining toward the existing culvert in Sewall Street (Alternative 2) would require installation of a new pipe, disturbing existing landscaping in front of the two adjacent buildings. Also, sewer services to those two buildings would need to be crossed, and the depth of these services may interfere with installation of a storm drain at sufficient depth to serve the Orthopaedics Associates site. Further evaluation would be required to confirm the feasibility of this alternative.

MR. WILLIAM MCKENNEY
ORTHOPAEDIC ASSOCIATES
PAGE THREE

Based on our observations to date, the implementation of Alternative 3 appears to be the most desirable way of draining the site. A drainage system can be installed at a depth which allows it to pass beneath the existing electrical conduit and water line, and pick up drainage from nearly all of the site. This drain would be too deep to tie into the existing drainage system in the Eye Care and Surgery Center parcel, but would still be at an elevation allowing discharge to the existing channel in Hooper Street.

RECOMMENDED SYSTEM

A preliminary design of a drainage system serving the Orthopaedics Associates site is shown on the sketch plan for the project, and is based on Alternative 3 discussed above. Using the outlet in Hooper Street allows for design of a system serving the entire site with one discharge point. Storm drains can be constructed at depths which minimize "frost-heaving" of the conduits. And based on discussion with city staff, on-site detention will not be necessary.

The outlet channel in Hooper Street will need to be protected with riprap at the proposed outlet from this system. This riprap protection should be extended upstream to the existing storm drain outlet as well.

Based on our initial analysis, the peak storm flow for the 2-year storm is estimated to be 4.9 cubic feet per second (cfs) and for the 25-year storm would be 11.6 cfs. The system is being designed to convey the 25-year frequency storm with the catch basins surcharged, but without ponding on proposed parking area surfaces. Also, an allowance has been made for potential future parking lot expansion on the adjacent Rheumatology Associates site to drain to this system.

We understand that the owner is in the process of obtaining the necessary agreements with adjacent property owners to implement this drainage scheme. Also, preliminary discussions with Central Maine Power personnel indicate that the proposed storm drain crossings of the electrical conduit will be allowed.

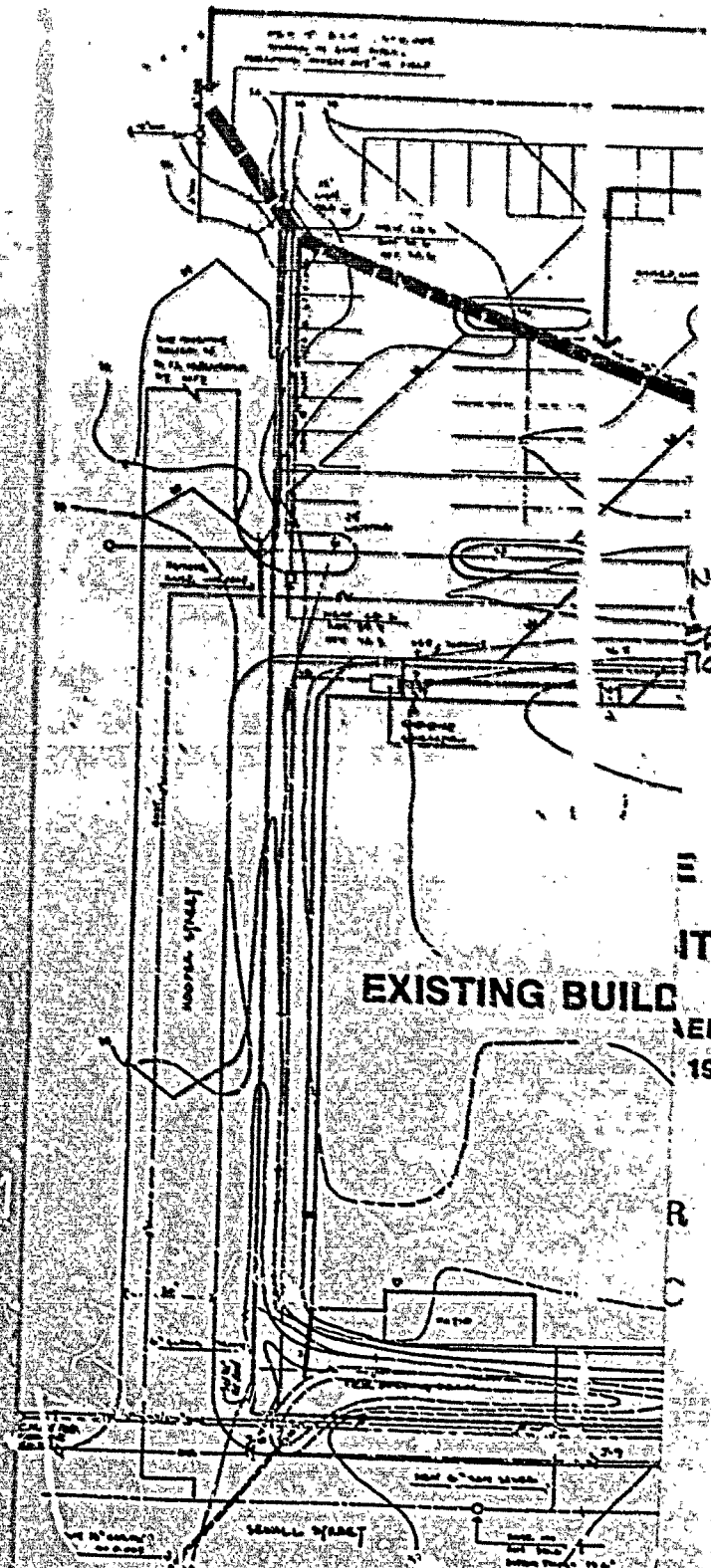
We trust that the above discussion provides sufficient documentation for Planning Board workshop review of the project. Please contact me if you have any questions.

Sincerely,

LAND PLAN ASSOCIATES, INC.

David C. Nyman
David C. Nyman, P.E.

/rjm



E 1

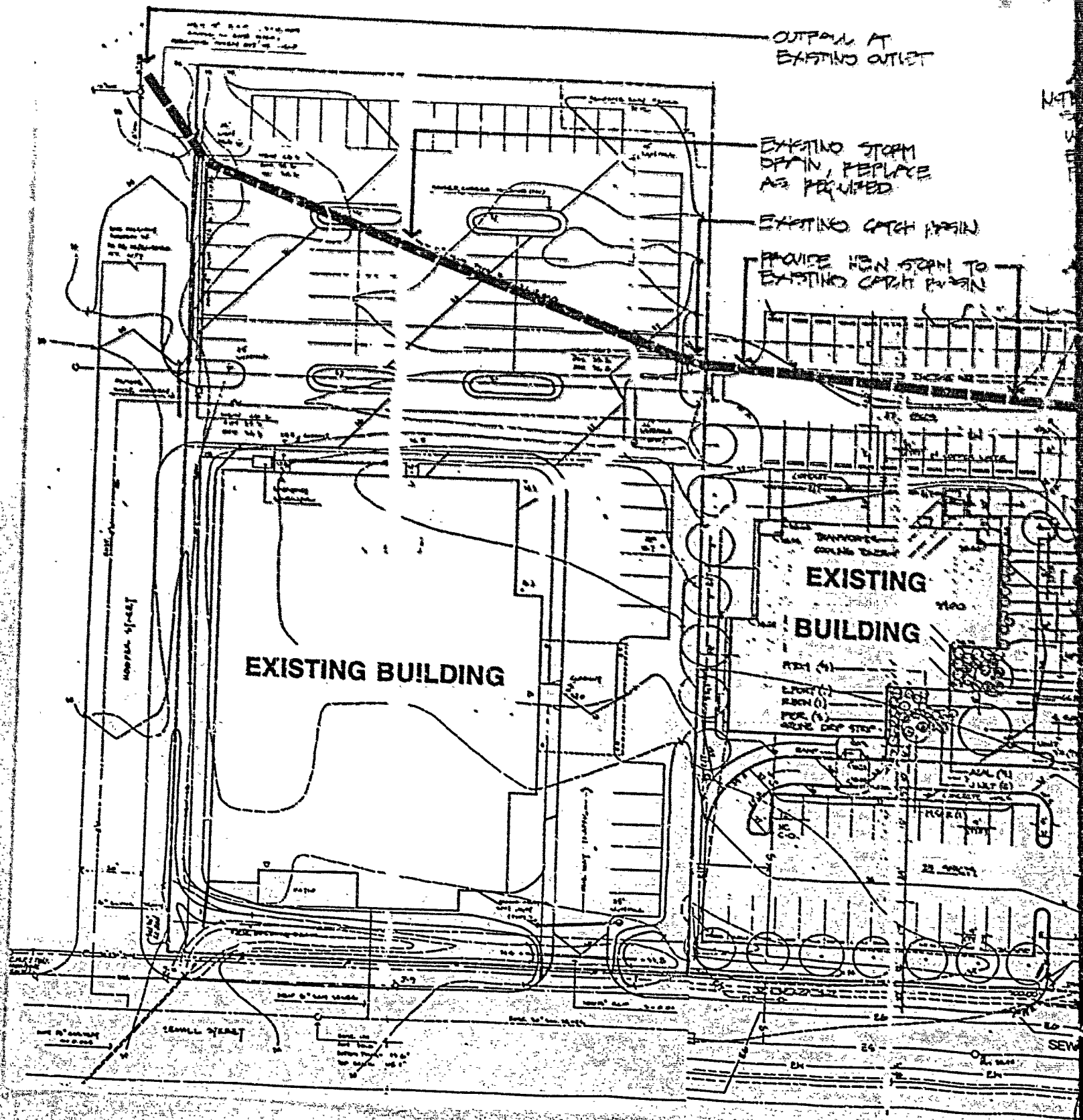
SITE DRAINAGE PLAN

EXISTING BUILDING

WEDIC ASSOCIATES
1988

R R I E N
A R C H I T E C T S

900 Maine Savings Plaza
Portland, Maine 04101
207 774-6016



OUTFALL AT EXISTING OUTLET

EXISTING STORM DRAIN, REPLACE AS REQUIRED

EXISTING CATCH BASIN

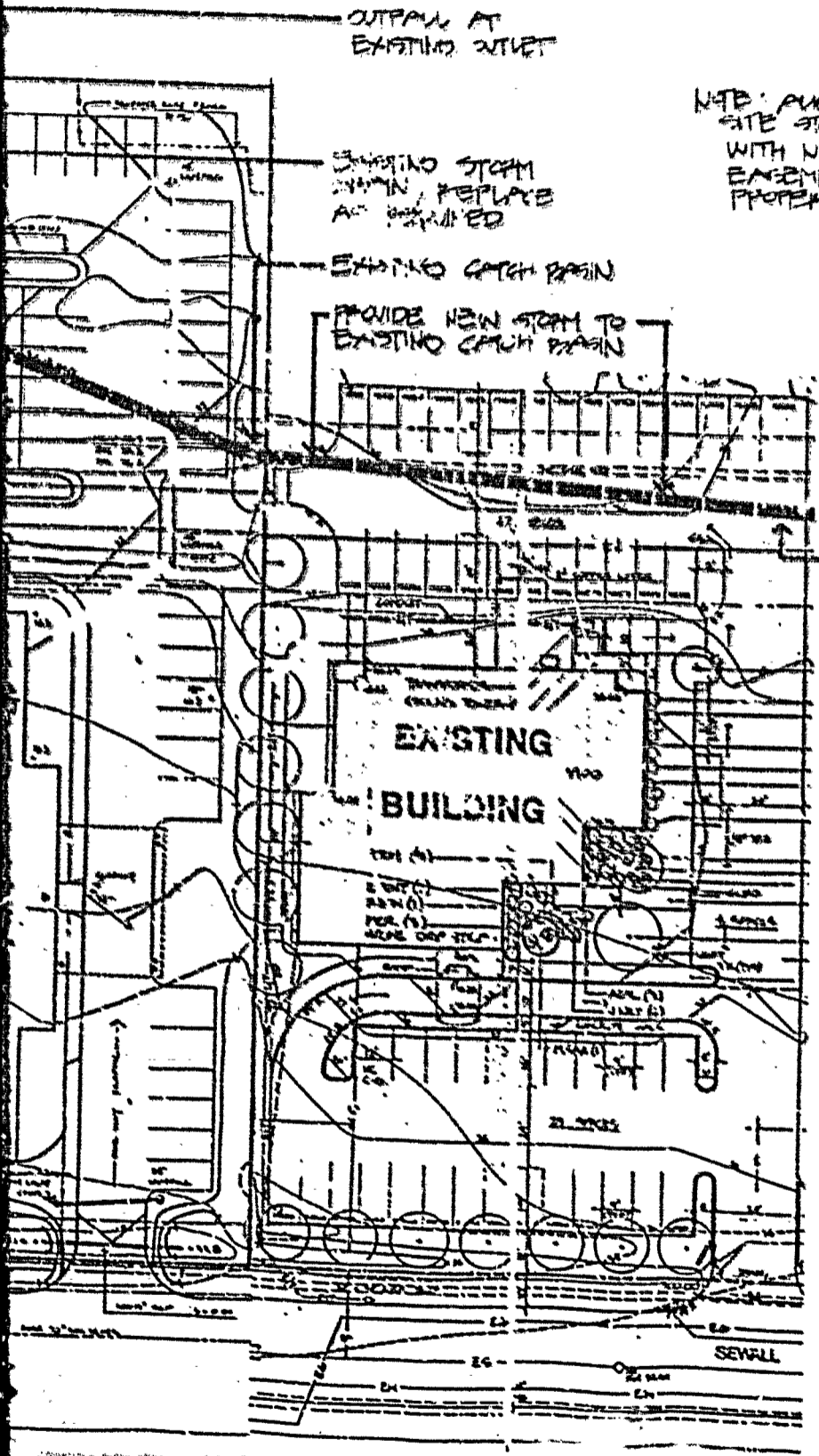
PROVIDE NEW STORM TO EXISTING CATCH BASIN

EXISTING BUILDING

EXISTING BUILDING

SEWAGE

SEW



NOTE: ALIGNMENT OF OFF SITE STORM DRAINING MAY VARY WITH NEGOTIATION OF EASEMENT WITH ADJUTING PROPERTY OWNERS

NEW STORM DRAIN TO EXTEND FROM TRIBUTARY SITE SEE DPO. 1 SCHEMATIC SITE PLAN

**FIGURE 1
OFF-SITE DRAINAGE PLAN**

**ORTHOPAEDIC ASSOCIATES
21 APRIL 1989**

**T E R R I E N
A R C H I T E C T S**

900 Maine Savings Plaza
Portland, Maine 04101
207 774-6010

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

Applicant Orthopaedic Associates, P.A.

Mailing Address 15 Lowell St., Portland, Maine 04102

Proposed Use of Site Medical Building

Acreage of Site 2.46 acres / 31,000 sq. ft.
Ground Floor Coverage

Date April 22, 1988

Address of Proposed Site 25-55 Sewall Street

Site Identifier(s) from Assessors Maps 190-D-3 & 7

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 2

Total Floor Area 38,000 sq. ft.

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 LCT	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
Department of Building Inspection

Certificate of Occupancy

LOCATION 25-55 Sewall Street

Date of Issue May 7, 1990

Issued to Orthopaedic Associates PA

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. 88-1194 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

medical offices

entire

Limiting Conditions:

This certificate supersedes certificate issued October 20, 1989

Approved:

5-7-90

(Date)

Inspector

[Signature]
Inspector of Buildings

10/1/89
1/10/90
9
10/1/89
10/1/89

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
Department of Building Inspection

Certificate of Occupancy

LOCATION 25-55 Sewall Street

Date of Issue October 20, 1989

Issued to Orthopaedic Associates PA

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. 88-1194, 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

medical offices

entire

Limiting Conditions: Site work (paving) to be completed by November 30, 1989

This certificate supersedes
certificate issued

Approved:

[Signature]
Inspector

[Signature]
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.

PERMIT # CO1104 CITY OF Portland BUILDING PERMIT APPLICATION

Please fill out any part which applies to job. Proper plans must accompany form.

MAP # _____ LOT# _____

Owner: Orthopaedic Associates, P.A. - 772-0076
 Address: 15 Lowell St., Portland, Me. 04102

LOCATION OF CONSTRUCTION: 25-55 Sewall Street (190-D-3 & 7)

CONTRACTOR: Ledgewood, Inc. SUBCONTRACTORS: _____
 ADDRESS: PO Box 8107, PTUD

Est. Construction Cost: \$3,000,000 Type of Use: New Medical Building

Past Use: vacant lot

Building Dimensions: L _____ W _____ Sq. Ft. 40,000 Stories: 1/2 Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain: Site Plan Review to construct medical bldg.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: _____
 # Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: 2'-0" x 1'-0"
 4. Foundation Size: 4'-0" x 1'-0"
 5. Other _____

Floors:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type BRICK Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date: April 22, 1988 Subdivision: Yes / No _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Block _____
 Estimated Cost: \$3,000,000 Permit Expiration: _____
 Value/Structure _____ Ownership: _____ Public _____
 Fee: \$20,000 Private _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceiling: A/C & GWD
 4. Insulation Type _____
 5. Ceiling Height: VARIES

Roof:
 1. Truss or Rafter Size _____
 2. Sheathing Type METAL DECK Span 12 1988
 3. Roof Covering Type MEMBRANE Size _____
 4. Other _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: GAS

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required _____
 2. No. of Tubs or Showers 000, 0, 0, 0 Yes _____ No _____
 3. No. of Flushes _____
 4. No. of Lavatories 0, 0, 0, 0
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: XXIXLAP POOL
 2. Pool Size: 12 x 00 Square Footage 120
 3. Must conform to National Electrical Code and State Law.

Zoning:
 District _____ Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain) _____
 Date Approved _____

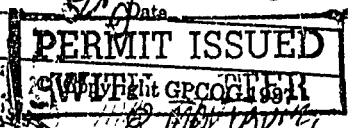
Permit Received By: Joyce M. Rinald

Signature of Applicant: _____ Date: 4/22/88

Signature of CEO: _____ Date: 4/22/88

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag-CEO



28-15-8

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 15,020,000
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ 350.00 Major
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS: 9/16/88 OK'd to place the footing of foundation. Location appears OK as per stakes. The superintendent of the job has indicated to call this office if any changes what so ever are made during the construction of this building & in the site work. 2/17/89. Progressing as per plans.

Signature of Applicant *William H. Lewis* *AS AGENT FOR OWNER* *William H. Lewis* Date *4-22-88*
2-31-88

PERMIT # 001104 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Orthopaedic Associates, P.A. - 772-0076

Address: 15 Lowell St., Portland, Me. 04102

LOCATION OF CONSTRUCTION 25-55 Sewall Street (190-D-3 & 7)

CONTRACTOR: Ledgewood, Inc. SUBCONTRACTORS: _____

ADDRESS: PO Box 8107, PTUD

Est. Construction Cost: \$3,000,000 Type of Use: New ica Building

Past Use: vacant lot

Building Dimensions L _____ W _____ Sq. Ft. 40,008 Stories: 1/2 Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: Major Site Plan Review to construct medical bldg.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only: _____

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: 2'-0" x 1'-0"
 4. Foundation Size: 4'-0" x 1'-0"
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type Brick Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only	
Date: <u>April 22, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Block Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$3,000,000</u>	Permit Expiration: _____
Value Structure _____	Ownership: _____ Public _____ Private _____
Fees: <u>\$15,070.00</u>	

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: ATC & GWB **PERMIT ISSUED**
 4. Insulation Type _____ Size _____
 5. Ceiling Height: VARIES SEP 12 1988

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type METAL DECK City of Portland
 3. Roof Covering Type MEMBRANE
 4. Other _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: GAS

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Fixtures _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: XXIX LAP POOL
 2. Pool Size: 12 x 60 Square Footage 720
 3. Must conform to National Electrical Code and State Law.

Zoning:
 District _____ Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other: _____ (Explain) _____
 Date Approved _____

Permit Received By Joyce M. Rinaldi

Signature of Applicant: [Signature] Date: 4-22-88

Signature of CEO: [Signature] Date: 4-22-88

Inspection Date: _____

PERMIT ISSUED
 WHITE ELEPHANT
 © Copyright GPCOG 1987
 (R) MA. TRUIN

White-Tax Assesor Yellow-GPCOG

Permit # **940540** City of **Portland** BUILDING PERMIT APPLICATION Fee **395.00** Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: **Fore River Realty** Phone # **8282100**
 Address: **Orthopedic Assoc. 33 Sewell St Ptld, ME**
 LOCATION OF CONSTRUCTION **33 Sewell St**
 Contractor: **Ledgewood, Inc.** Sub: _____
 Address: **P.O. Box 8107 Ptld, ME 04104** Phone # **767-1866**
 Est. Construction Cost: **75,000.00** Proposed Use: **Prof Services w/int rezoning**
 Past Use: **Prof Services**
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion **Make Interior Renovations as per plans.**

For Official Use Only

Date: **6 June 1994** Subdivision: _____
 Inside Fire Limits: _____ Name: **JUN - 9 1994**
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Ownership: _____ Public _____
 Estimated Cost: _____ **CITY OF PORTLAND**

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exceptions _____
 Other (Explain) _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing **16" O.C.**
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ **HISTORIC PRESERVATION**
 3. Type Ceilings: _____ **Not in District nor Landmark.**
 4. Insulation Type _____ Size _____ **Does not require review.**
 5. Ceiling Height: _____ **Requires Review.**

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

 Action: Approved _____
 Approved with Conditions _____
 Denied _____

Chimneys:
 Type: _____ Number of Fire Places _____
 Heating: Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories **USE Group B** **TYPE 5A**
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By **Mary Kotylik** Signature of Applicant **Tim Bartholmeus** Date **6 June 1994**

PERMIT ISSUED WITH LETTER **PERMIT ISSUED WITH LETTER**

White - Tax Assessor

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO **[4] m. cano**

Permit # 940540 City of Portland BUILDING PERMIT APPLICATION Fee 395.00 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Fore River Realty Phone # 8282100
 Address: Orthopedic Assoc. 33 Sewell St Ptld, ME
 LOCATION OF CONSTRUCTION 33 Sewell St
 Contractor: Ledgewood, Inc. Sub: _____
 P.O. Box 8107 Ptld, ME 04104 Phone # 767-1866
 Address: _____
 Est. Construction Cost: 75,000.00 Proposed Use: Prof Services w/int re-zoning
 Past Use: Prof Services
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Make Interior Renovations as per plans.

For Official Use Only

Date 6 June 1994 Subdivision: _____
 Inside Fire Limits: _____ Name: JUN - 9 1994
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Ownership: Public
 Estimated Cost: _____ Private

Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: _____ (Explain) _____

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Cripple Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures Use Group B Type 5A

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Mary Gresik
 Signature of Applicant [Signature] Date 6 June 1994
 Time _____

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

CONTINUED TO REVERSE SIDE
 White - Tax Assessor
 Ivory Tag - CEO

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

June 8, 1994

RE: 33 Sewell St., Portland

Ledgewood Inc.
P. O. Box 8107
Portland, Maine 04104

Dear Sir:

Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not preclude the applicant from meeting applicable state and federal laws.

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

Building & Fire Code Requirements

1. The fire alarm system shall be maintained to NFPA 72 standards.
2. Portable fire extinguishers shall be provided in accordance with NFPA #10.
3. The sprinkler shall be maintained to NFPA #13 standards.
4. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10, section & subsections 1023. & 1024.0 of the city's building code. (The BOCA National Building Code/1993)

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

Sincerely,

Samuel Hoffses
P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. Gaylen McDougal, Fire Prevention Bureau

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



33 Sewall Street

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JOHN C. KNOX
Secretary

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THOMAS F. JEWELL
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MICHAEL E. WESTORT
CHRISTOPHER DINAN

November 27, 1989

Mr. William McKenney
Terrien Architects, Inc.
900 Maine Savings Plaza
Portland, Maine 04101

Dear Mr. McKenney:

Receipt is acknowledged of your application for a space and bulk variance on behalf of Orthopaedic Associates at 33 Sewall Street in the R-P Residence Professional Zone. Construction of the signs should not occur until such time as a variance or building permit is granted by the City.

Section 14-366 of the City Zoning Ordinance is quoted as follows:

"No sign shall be erected or maintained except in accordance with the following:

* * * * *

- (2) Residence Zones, general: In all residence zones the following signs shall be considered accessory to the principal use of the premises on which they are located. Such signs may be illuminated only by a shielded nonflashing light:

A single sign not over fifteen (15) square feet in area attached to a building or detached and located in the front yard describing an apartment house or a conforming nonresidential buildings or use."

Since your application involves a request for approval of two signs: one which is 32 square feet in area and another which is 24 square feet in area, it will be necessary for this application to be considered by the Board of Appeals, since no other guide-lines exist in the City Signs section of the City Zoning Ordinance for the R-P Residence Professional Zones.

Letter to Terrien Architects re Orthopaedic Associates
(Continued)

Page 2
November 27, 1989

This space and bulk variance will be considered by the Board of Appeals on Thursday afternoon, December 14, 1989, in Room 209, City Hall, Portland, Maine, at 3:30 P.M. A copy of the agenda for that meeting will be forwarded to you as soon as copies become available for distribution.

Sincerely,

Warren J. Turner

Warren J. Turner
Administrative Assistant

cc: Merrill S. Seltzer, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
P. Samuel Hoffses, Chief, Inspection Services
Mark Mitchell, Code Enforcement Officer
William D. Giroux, Zoning Enforcement Officer
Charles A. Lane, Associate Corporation Counsel

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



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MICHAEL E. WESTORT
CHRISTOPHER DINAN

December 19, 1989

RE: 33 Sewall Street

Orthopaedic Associates
33 Sewall Street
Portland, Maine 04102

Gentlemen:

At the meeting of the Board of Appeals on Thursday afternoon, December 14, 1989, the Board voted by a vote of four to two to uphold the decision of the Inspection Services with regard to the size of signs in the R-P Residence Professional Zones, for a maximum sized sign of 15 square feet per establishment. Then the Board voted by a four in favor to two opposed to grant a space and bulk variance for the two signs (one 32 square feet and one 24 square feet) for which an appeal was sought by the Orthopaedic Associates for placement in the R-P Zone at 33 Sewall Street.

The enclosed certificate of variance must be recorded within thirty (30) days following the approval of the variance at the Cumberland County Registry of Deeds in accordance with 30 Maine Revised Statutes Annotated Section 4963, for the variance to be valid. This is also subject to the limitations set forth in Section 14-473 of the City of Portland's Zoning Ordinance.

Your firm may now apply for a building permit to enable you to erect the two signs for which the variance has been approved by the Board of Appeals. Please be sure to apply for your sign permit within six (6) months following the date of approval by the Board of Appeals.

Sincerely,

Warren J. Turner
Warren J. Turner
Administrative Assistant

Enclosure: Certificate of Variance and Copy of Board's Decision

cc: Merrill S. Seltzer, Chairman, Board of Appeals
William McKenney, Terrien Architects, 900 Maine Savings Plaza, Portland
Joseph E. Gray, Jr., Director, Planning and Urban Development
P. Samuel Hoffses, Chief of Inspection Services
Mark Mitchell, Code Enforcement Officer
William D. Giroux, Zoning Enforcement Officer
Charles A. Lane, Associate Corporation Counsel

FIRE ALARM ACCEPTANCE REPORT

GENERAL

Address: 33 Sewall St PTLD
Owner: FERRIS RIVER REALTY ASSOCIATES
Owners Address: 15 Lowell St PTLD
Floors Protected: 2

EQUIPMENT INVENTORY

Equipment Brand: GAMEWELL
Number of Smoke Detectors: 10
Type of Smoke Detectors; Ionization: Photo Elec: X
Number of Rate-of Rise Detectors: 1
Number of Fixed Temp Heat Detectors: 4
Number of Manual Pull Station: 17
Number of Sounding Devices: 24
Type of Sounding Devices; Horn Horn Light: X Bell: Speaker Chimes
Pre-recorded Tape Message: NO

AUXILIARY EQUIPMENT

Number of Master Boxes: 1
Fan shut-down; Yes: X No:
Door holders; Yes: No X Number:
Sprinkler Activation; Yes No: X
Fire Fighters Telephone; Yes No: X
Voice Communications; Yes No: X
Remote Annunciators; Yes: X No:
Door Lock Control; Yes: No: X
Elevator Control; Yes No:

WIRING

Does the wiring conform to NFPA #70 (NEC), Article 760? Yes X No
Is standby power provided? Yes X No:
Battery: Generator: Both X
Have any devices been "T" tapped? Yes No: X
Are back boxes provided for all devices: Yes X No:

TEST RESULTS

Was a complete test conducted on this system including the activation of all smoke detectors and pull stations? Yes: X No:
Is the Alarm Tone of the sounding devices adequate to maintain 15 db above ambient noise levels? Yes: X No:
Is this system in compliance with NFPA 72A standards: Yes: X No:

Signature of Installing Contractor: E.S. Reiles
Date: 12-12-88

This form must be completed in its entirety and returned to the Fire Prevention Bureau before a Certificate of Occupancy will be issued.

Original Copy to Office of Fire Prevention Duplicate Copy to Applicant

October 6, 1989

Lt. Garroway
Portland Fire Department - Fire Prevention
Central Fire Station
Portland, Maine 04101

RE: Orthopaedic Associates, 33 Sewall Street

Lt. Garroway:

This letter is to follow up on our certificate of occupancy inspection tour conducted on Thursday, October 5, 1989. The following issues were addressed:

1. Signage is requested as follows:
 - A. 'Sprinkler control room' - interior and exterior doors.
 - B. 'Pool mechanical room' - interior and exterior doors.
 - C. Door #261 from 2nd floor to roof deck - 'not an exit'.
 - D. Additional exit signage throughout the building in several blind areas.
2. Add closers on all stairwell doors - spring hinges are not acceptable.
3. Add closer on interior door at pool mechanical room.
4. Shelving standards in room # P1.41 need to be cut down 2'-0".
5. Smoke detectors in clerestory area need to be higher. Side-wall application is between 4" and 12" from the ceiling.
6. Need detection in mezzanine storage area.
7. Exit doors from the building cannot have a step down to the exterior. This condition occurs in five locations.
8. Need sprinkler test data.
9. Need fire alarm acceptance report.

We are pursuing the above issues and will be in touch with you soon for resolution.

Sincerely,

William H. Rowles
Project Manager

WHR/srm

cc: Don McGilvery - Terrien Architects
Chip Crothers - Orthopaedic Associates
Bill Bridges - LedgeWood, Inc.
Ed Gable - LedgeWood, Inc.
File

 LEDGEWOOD, INC.

PO. BOX 8107 • PORTLAND, MAINE 04104 • (207) 775-0741

