

**PERMIT ISSUED**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0882	Issue Date: JUL 27 2005	GBL: 269 B001002
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<b>Location of Construction:</b> 1125 Brighton Ave	<b>Owner Name:</b> City Hospital Housing Assoc	<b>Owner Address:</b> 707 Sable Oaks Dr	<b>Phone:</b> 207-774-2623
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Langford & Low, Inc.	<b>Contractor Address:</b> PO Box 662 Portland	<b>Phone:</b> 207-797-5141
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b> R5

<b>Past Use:</b> Nursing Home	<b>Proposed Use:</b> Nursing Home / Re-build ambulance entrance at the front of the building.	<b>Permit Fee:</b> \$462.00	<b>Cost of Work:</b> \$49,000.00	<b>CEO District:</b> 3
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<b>Proposed Project Description:</b> Re-build ambulance entrance at the front of the building.	<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>with conditions</i>	<b>INSPECTION:</b> Use Group: I2 Type: 25 7/28/05 Signature: <i>[Signature]</i>
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<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 0613012005	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>ok 7/19/05</i>	<b>Zoning Appeal</b> <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 Date:	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:
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**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 is 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE	

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## PERMIT

PERMIT  
Permit Number: 050882  
JUL 27 2005  
CITY OF PORTLAND

This is to certify that City Hospital Housing Assoc. Langford & Co. Inc.  
has permission to Re-build ambulance entrance on the front of the building.  
AT 1125 Brighton Ave

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is occupied or closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. Chpt. Greg Cass 7-18-05  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*[Signature]*  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 05-0882	<b>Date Applied For:</b> 06/30/2005	<b>CBL:</b> 269 B001002
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<b>Location of Construction:</b> 1125 Brighton Ave	<b>Owner Name:</b> City Hospital Housing Assoc	<b>Owner Address:</b> 707 Sable Oaks Dr	<b>Phone:</b> 207-774-2623
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Langford & Low, Inc.	<b>Contractor Address:</b> PO Box 662 Portland	<b>Phone:</b> (207) 797-5141
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Nursing Home / Re-build ambulance entrance at the front of the building.	<b>Proposed Project Description:</b> Re-build ambulance entrance at the front of the building.
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 07/18/2005  
**Note:**      **Ok to Issue:**

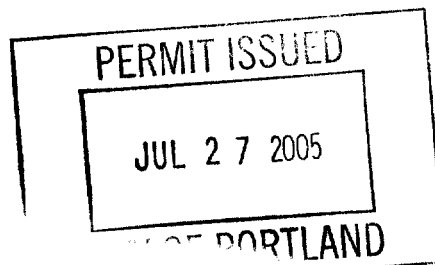
**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Mike Nugent      **Approval Date:** 07/26/2005  
**Note:**      **Ok to Issue:**

1) Doors must comply with section 1008.1.3.2:  
Where means of egress doors are operated by power, such as doors with a photoelectric-actuated mechanism to open the door upon the approach of a person, or doors with power-assisted manual operation, the design shall be such that in the event of power failure, the door is capable of being opened manually to permit means of egress travel or closed where necessary to safeguard means of egress. The forces required to open these doors manually shall not exceed those specified in Section 1008.1.2, except that the force to set the door in motion shall not exceed 50 pounds (220 N). The door shall be capable of swinging from any position to the full width of the opening in which such door is installed when a force is applied to the door on the side from which egress is made. Full-power-operated doors shall comply with BHMA A156.10. Power-assisted and low-energy doors shall comply with BHMA A156.19.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 07/18/2005  
**Note:**      **Ok to Issue:**

1) Maintain access for fire apparatus at all times.  
2) Fire protection and notification systems to remain in service at all times.

**Comments:**  
7/19/2005-mjn: need code compliance info for the new sliders, left message with the architect.  
7/1/2005-gg: In house money transfer. /gg



# All Purpose Building Permit Application

Property owner owes real estate or personal property taxes or user charges on any property within the City. Payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 1145 Brighton Ave. Portland ME 04102

Total Square Footage of Proposed Structure

160 sqft

Square Footage of Lot

Tax Assessor's Chart, Block & Lot

Chart# 069 Block# B Lot# 001-041

Owner:

City of Portland

Telephone:

207-774-2623

Lessee/Buyer's Name (if Applicable)

Applicant name, address & telephone: Michael Lopez  
1145 Brighton Ave  
Portland ME 04102

Cost Of Work: \$ 49,000.00  
Fee: \$ 462.00

Current use: Nursing home - Front Entrance In House Transfer

If the location is currently vacant, what was prior use: # 10024023260300

Approximately how long has it been vacant: \_\_\_\_\_

Proposed use: Re-build ambulance entrance @ front of building  
Project description:

Contractor's name, address & telephone: LANG Ford and Low - 290 RTA Scar, 04074  
(207)-833-5212

Who should we contact when the permit is ready: Michael Lopez 797-5141

Mailing address: 1145 Brighton Ave  
Portland ME 04102

We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

I hereby certify that I have been duly authorized by the jurisdiction having jurisdiction over this property and that I am the owner of record or that the owner of record authorizes the proposed work and that I am the authorized agent. I agree to conform to all applicable laws of this jurisdiction. I certify that the Code Official's authorized representative will be available at any reasonable hour to enforce the provisions of the codes applicable to this project.

In House transfer

Signal

If you

10024023260300

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
JUN 3 2005  
RECEIVED

hence 10024023260300 still the permit is issued. Subject to additional permitting and fees with the City of Portland, ME on the 4th floor of City Hall

WINTON SCOTT ARCHITECTS

F a x T r a n s m i t t a l

TO: Michael Nugent

FROM: Mark Wilcox

date: 6.29.05

project: Barron Center Main Entrance

pages: 4 Replacement

Mr. Nugent —

Please add these to the building permit application for the above referenced project. If any need to be redone, let me know.

Thanks  
Mark

cc/ Mikeloper, Barron Ctr.

copy:



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101

ACCESSIBILITY CERTIFICATE

Designer: Winton Scott Architects

Address of Project: 1145 Brighton Ave.

Nature of Project: Lobby Vestibule Replacement

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

Signature: Mark Wilcox

Title: Principal

Firm: Winton Scott Architects

Address: 5 Milk St.

Portland, ME 04101

Phone: 774-4811 Ext. 2#





CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine  
Department of Planning & Urban Development  
Division of Housing & Community Service

PROM: Mark Wilcox

RE: Certificate of Design

DATE: 6.29.05

These plans and / or specifications covering construction work on:

Barron Center Lobby Vestibule Replacement

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the BOCA National Building Code / 1999 (Fourteenth Edition) and local amendments.

*and LBC 2003*

(SEAL)



Signature: Mark Wilcox

Title: Principal

Firm: Winton Scott Architects

Address: 5 Milk St.

Portland, ME 04101

As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine  
Department of Planning & Urban Development  
Division of Housing & Community Service

FROM DESIGNER: Winton Scott Architects

DATE: 6-29-05

Job Name: Barron Center Vestibule Replacement

Address of Construction: 1145 Brighton Ave.

**THE BOCA NATIONAL BUILDING CODE / 1999 (FOURTEENTH EDITION)**

Construction project was designed according to the building code criteria listed below:

Building Code and Year BC 2003 Use Group Classification(s) I-2

Type of Construction 2B

Structural Systems na

Roof Snow Load na

- \_\_\_\_\_ Ground Snow Load ( $P_g$ )
- \_\_\_\_\_ If  $P_g > 10$  psf, Flat Roof snow load,  $P_f$
- \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$
- \_\_\_\_\_ If  $P_g > 10$  psf, roof thermal factor
- \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I$
- \_\_\_\_\_ Sloped Roof Snowload  $P_s$

Earthquake Loads

- \_\_\_\_\_ Peak velocity-related acceleration,  $A_v$
- \_\_\_\_\_ Peak acceleration,  $A_p$
- \_\_\_\_\_ Seismic hazard exposure group
- \_\_\_\_\_ Seismic performance category
- \_\_\_\_\_ Soil profile type
- \_\_\_\_\_ Basic structural system / seismic-resisting system
- \_\_\_\_\_ Response modification factor,  $R$ , and deflection amplification factor,  $C_d$

\_\_\_\_\_ The documents must account for Drift snow load, unbalanced snow load and Sliding snow loads as required.

Wind Loads na

- \_\_\_\_\_ Basic Wind Speed
- \_\_\_\_\_ Internal Pressure Coefficient
- \_\_\_\_\_ Wind Exposure Category
- \_\_\_\_\_ Wind Design Pressure
- \_\_\_\_\_ Wind Importance Factor