

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP R-2 JUN 19 1985
B.O.C.A. TYPE OF CONSTRUCTION F 0 627
PORTLAND, MAINE August 23, 1984
CITY OF PORTLAND

ZONING LOCATION

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

LOCATION 1145, Brighton Avenue
1. Owner's name and address City of Portland, Maine Telephone 774-6989
2. Lessee's name and address City Hospital Housing Associates - 1 Canal Plaza Telephone 774-9254
3. Contractor's name and address Debury, Inc., Baxter Blvd. No. of sheets

Proposed use of building elderly housing
Last use hospital
Material brick No. stories 2 Heat steam Style of roof
Other buildings on same lot
Estimated contractual cost \$ 3,850,000
Appreciation \$ 50,000
License Fee sub-div 2,500
Late Fee

FIELD INSPECTOR - Mr. [Signature] @ 775-5451
TOTAL \$ 19,260.00
pd 6-13-85

Stamp: SPECIAL CONDITIONS PERMIT ISSUED WITH LETTER

Change of use from hospital to elderly housing with alterations.
sub-division 100 - 100, wet-dry unit equal to standard use
send permit to # 3 P.O. Box 792 04104
NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK
Is any plumbing involved in this work? Yes
Is connection to be made to public sewer? existing If not, what is proposed for sewage? Form notice sent?
Height average grade to top of plate
Size, front depth
Material of foundation
Kind of roof
No. of chimneys
Framing Lumber - Kind
Size Girder
Studs (outside walls and carrying partitions) 2x4-16" O. C.
Joists and rafters:
On eathers:
Maximum span:
If one story building with masonry walls, thickness of walls?
Rise per foot
Material of chimneys
Dressed or full size?
Columns under girders
1st floor
1st floor
1st floor
Roof covering
of lining
Corner posts
Size
Bridging in every floor and flat roof span over 8 feet
2nd
2nd
2nd
Kind of heat
Sills
Max. on centers
roof
roof
roof
height?

IF A GARAGE
No. cars now accommodated on same lot
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?
Will work require disturbing of any tree on a public street?

APPROVALS BY: DATE
BUILDING INSPECTOR: [Signature] DATE
ZONING: [Signature] DATE
BUILDING CODE: [Signature] DATE
Fire Dept: [Signature] DATE
Health Dept: [Signature] DATE
Other: [Signature] DATE
MISCELLANEOUS

Signature of Applicant: Candy Kellin Phone # same
Type Name of above: City of Portland for City
Hospital Housing Association Other
and Address 10 20 30 40

PERMIT ISSUED
FIELD INSPECTOR'S COPY
WITH LETTER

MA, CARROLL

APPLICANT'S COPY OFFICE FILE COPY