

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

Location of Construction: 331 Veranda St		Owner: Cerebral Palsy Center	Phone: 874-1125	Permit No: <b>960732</b>
Owner Address: SEA Field, ME 04103	Leasee/Buyer's Name:	Phone:	Business Name:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <b>JUL 26 1996</b>  <b>CITY OF PORTLAND</b> </div>
Contractor Name: Nor-Coeur Const. Co., Inc.	Address: 90 E. Bridge St Westbrook, ME 04092	Phone: 856-6408		
Past Use: Education, Treatment, Training	Proposed Use:	<b>COST OF WORK:</b> \$ 13,650.00 <b>PERMIT FEE:</b> \$ 90.00 <b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: E Type: DO CA 92 Signature: <i>[Signature]</i>	<b>PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	
Proposed Project Description: Interior Renovations				Zoning Approval: <i>[Handwritten]</i> <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"/> <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 <b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <u>7/27/96</u>
Permit Taken By: Mary Greaik	Date Applied For: 24 July 1996			

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

No dump removal necessary

**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

SIGNATURE OF APPLICANT <i>Betty Morrison</i>	ADDRESS:	DATE: 24 July 1996	PHONE: 874 1125
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE <i>[Handwritten]</i>			PHONE: 856-6408

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 6  
*A. R. [Handwritten]*

COMMENTS

9-18-76 Roof has all been put on. Framing on interior left  
10-6-76 Work is all completed

Inspection Record

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

# Proposal

**NorCoeur Const. Co., Inc**  
**90 East Bridge Street**  
**Westbrook, Me. 04092**  
**(207) 856-6408**  
**Fax (207)854-5064**

Date: 4/11/96  
 To: Betty Morrison  
 Of (company): Cerebral Palsy Center  
 City, State, ZIP: Portland, Me.  
 Good until: \_\_\_\_\_  
 Project name: Additional Room

We propose to furnish all material and perform all labor necessary to complete the following:

Construct additional classroom and storage room per attached scetch.

\* Heat and Electrical by others.

We propose to furnish material and labor, complete in accordance with above specifications, for the sum of: Thirteen thousand six hundred and fifty Dollars \$ 13,650.00

Payments to be made as follows: performance payments

NorCoeur Const. Co., Inc.

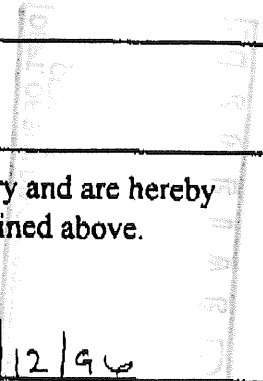
Contractor's signature: \_\_\_\_\_

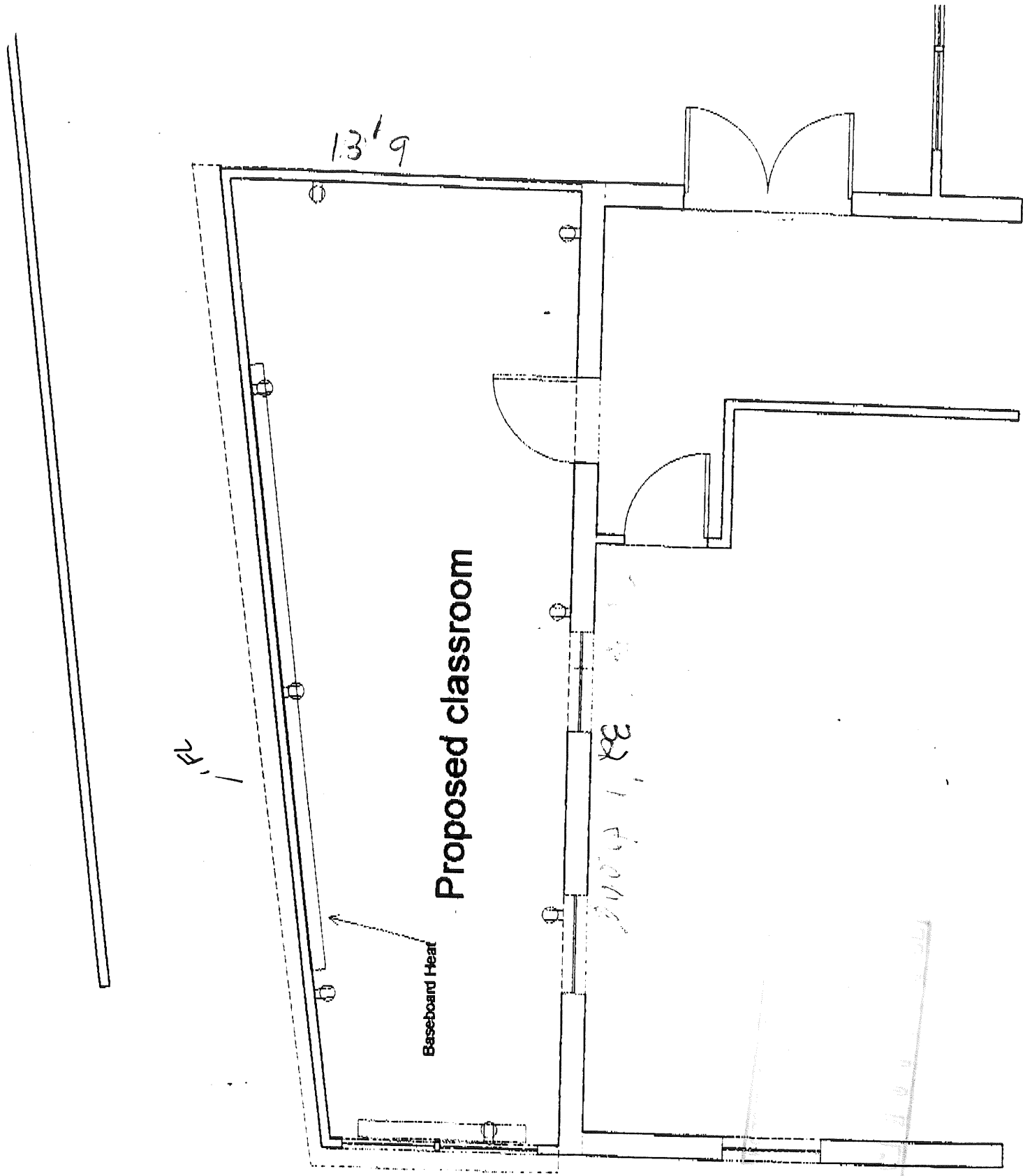
Acceptance of proposal --The above price, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Owner's signature: Steve Norton Date: 4/12/96

*Heat*

*995,*







State of Maine  
Department of Public Safety  
Construction Permit



Not  
Reviewed  
for Barrier  
Free

# 10656

Sprinkled  
Sprinkler Supervised

**CLINIC RENOVATIONS**

Located at: 331 VERANDA ST

**PORTLAND**

Occupancy/Use: BUSINESS

**Permission is hereby given to:**

MARTIN'S POINT HEALTHCARE  
331 VERANDA ST  
PORTLAND, ME 04101

to construct or alter the afore referenced building according to the plans hitherto filed with the Commisioner and now approved.  
no departure from application form/plans shall be madewithout prior approval in writing. This permit is issued under the provision  
of Title 25, Chapter 317, Section 2448 .

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or  
other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

*This permit will expire at midnight on the 5th of Septemb 2000*

Dated the 6th day of March A.D. 2000

Commissioner

Fee: \$150.00

**Copy-3 Code Enforcement Officer**

Comments:

Code Enforcement Officer  
PORTLAND, ME

A34-C-001



State of Maine  
 Department of Public Safety  
 Construction Permit



Not  
 Reviewed  
 for Barrier  
 Free

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Sprinkled  
 Sprinkler Supervised

434-C-001

CLINIC RENOVATIONS  
 Located at: 331 VERANDA ST  
 PORTLAND  
 Occupancy/Use: BUSINESS

Permission is hereby given to:

MARTIN'S POINT HEALTHCARE  
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 PORTLAND, ME 04101

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Commissioner

Fee: \$150.00

Copy-4 File

Comments:

3/24/00 - Permit is amended to read **NOT SPRINKLED** - per JWC.

# ELECTRICAL PERMIT

## City of Portland, Me.

*Commercial*



*(X)*

To the Chief Electrical Inspector, Portland Maine:  
 The undersigned hereby applies for a permit to make electrical installations  
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,  
 National Electrical Code and the following specifications:

Date 3/20/00  
 Permit # 235  
 CBL# 434-1-00

SITE LOCATION: 331 VERANDA ST. - CLINTI BUILDING

OWNER MARSHON'S POINT HEALTH CARE TENANT \_\_\_\_\_

							TOTAL EACH FEE		
<b>OUTLETS</b>	Receptacles	<u>50</u>	Switches	<u>20</u>	Smoke Detectors		.20	<u>14.00</u>	
<b>FIXTURES</b>	incandescent		fluorescent	<u>35</u>	Strips		.20	<u>7.00</u>	
<b>SERVICES</b>	Overhead		Underground		TTL AMPS	<800	15.00		
	Overhead		Underground			>800	25.00		
<b>Temporary Service</b>	Overhead		Underground		TTL AMPS		25.00		
							25.00		
<b>METERS</b>	(number of)						1.00		
<b>MOTORS</b>	(number of)						2.00		
<b>RESID/COM</b>	Electric units						1.00		
<b>HEATING</b>	oil/gas units		Interior		Exterior		5.00		
<b>APPLIANCES</b>	Ranges		Cook Tops		Wall Ovens		2.00		
	Insta-Hot		Water heaters		Fans		2.00		
	Dryers		Disposals		Dishwasher		2.00		
	Compactors		Spa		Washing Machine		2.00		
	Others (denote)						2.00		
<b>MISC. (number of)</b>	Air Cond/win						3.00		
	Air Cond/cent				Pools		10.00		
	HVAC		EMS		Thermostat		5.00		
	Signs						10.00		
	Alarms/res						5.00		
	Alarms/com						15.00		
	Heavy Duty(CRKT)						2.00		
	Circus/Carnv						25.00		
	Alterations	<u>1</u>					5.00	<u>5.00</u>	
	Fire Repairs						15.00		
E Lights	<u>5</u>					1.00	<u>5.00</u>		
E Generators						20.00			
<b>PANELS</b>	Service		Remote		Main		4.00		
<b>TRANSFORMER</b>	0-25 Kva						5.00		
	25-200 Kva						8.00		
	Over 200 Kva						10.00		
							TOTAL AMOUNT DUE		
							MINIMUM FEE/COMMERCIAL 35.00	MINIMUM FEE 25.00	<u>31.00</u> <u>35.00</u>

INSPECTION: Will be ready \_\_\_\_\_ or will call \_\_\_\_\_

CONTRACTORS NAME ANTHONY MANLINE INC. MASTER LIC. # 2436  
 ADDRESS 179 SHERIDAN ST. Portland, ME LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 774-5829

SIGNATURE OF CONTRACTOR John Manline

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		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: <i>E</i> Type: <i>BOCA 93</i> Signature: <i>[Signature]</i>		
Proposed Project Description: Interior Renovations		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zoning Approval: <i>EXISTING USE</i> <i>OK 7/26/96</i> 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 <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>		
Permit Taken By: Mary Gresik		Date Applied For: 24 July 1996		Zone: <i>R-5</i> CBL: 434-C-010		

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*Betty Morrison* Cerebral Palsy Center 331 Veranda St  
 SIGNATURE OF APPLICANT Betty Morrison ADDRESS: DATE: 24 July 1996 PHONE: 874-1125  
*Dwight Norton* - NorCoeur Const. Co. Inc.  
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: 856-6408

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

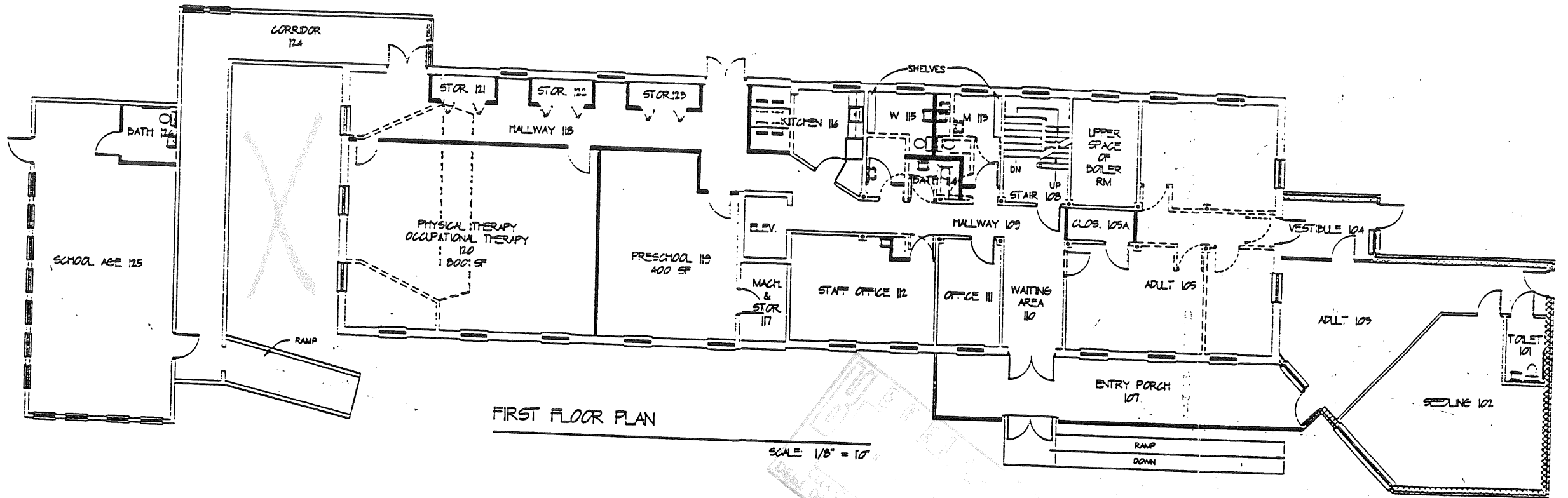
- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

- Action:**
- Approved
  - Approved with Conditions
  - Denied

Date: 7/25/96

*J. Andrew B*  
 CEO DISTRICT 1





FIRST FLOOR PLAN

SCALE: 1/8" = 10'

LEGEND

- WALLS TO REMAIN
- ==== WALLS FOR DEMOLITION
- NEW CONSTRUCTION

*Eastney*