

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

Please Read  
Application And  
Notes, if Any,  
Attached

BUILDING DEPARTMENT

## PERMIT

Permit Number: 030384

This is to certify that Northern New England/Apple  
has permission to Addition of a Wheelchair Lift  
AT 89 Allen Ave 435 A001001

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 leased or occupied. CLOSED-IN. **HEAVY 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. *[Signature]*  
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 Application**

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

Permit No: 03-0384	Issue Date:	CBL: 435 A001001
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Location of Construction: 89 Allen Ave	Owner Name: Northern New England	Owner Address: 7th Day Adventist Inc	Phone: 650-0611
Business Name:	Contractor Name: Applicant	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: R5

Past Use: Seventh Day Adventist Church	Proposed Use: Seventh Day Adventist Church	Permit Fee: \$163.00	Cost of Work: \$20,000.00	CEO District: 3
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>A</i> Type: <i>3B</i> <i>HANDICAP LIFT</i> <i>5/15/03</i>	

Proposed Project Description: Addition of a Wheelchair Lift <i>All interior</i>	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: gad	Date Applied For: 04/23/2003	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/></p> <p>Date: <i>4/20/03</i></p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
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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 \_\_\_\_\_

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

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

<b>Permit No:</b> 03-0384	<b>Date Applied For:</b> 04/23/2003	<b>CBL:</b> 435 A001001
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<b>Location of Construction:</b> 89 Allen Ave	<b>Owner Name:</b> Northern New England	<b>Owner Address:</b> 7th Day Adventist Inc	<b>Phone:</b> ( ) 650-0611
<b>Business Name:</b>	<b>Contractor Name:</b> Applicant	<b>Contractor Address:</b> Portland	<b>Phone:</b>
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Commercial	

<b>Proposed Use:</b> Seventh Day Adventist Church	<b>Proposed Project Description:</b> Addition of a Wheelchair Lift
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 04/28/2003	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Building	<b>Status:</b> Pending	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b>	<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Lt. McDougall	<b>Approval Date:</b> 04/29/2003	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
1) Application requires State Fire Marshal approval.				

<b>Comments:</b> 04/29/2003-mjn: need more information, state permit etc. Called owners
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03-0384

# All Purpose Building Permit Application

If you or the 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: <u>9<sup>th</sup> Allen Ave Portland / 89-99 Allen Ave.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>435</u> Block# <u>A</u> Lot# <u>001</u>	Owner: <u>Serenth Day Arantist</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Serenth Day Arantist</u>	Applicant name, address & telephone: <u>JIM Michaud 6500611</u> <u>89 Lamb ST</u>	Cost Of Work: \$ <u>20,000</u> Fee: \$ <u>163.00</u>
Current use: <u>church</u>	<div style="border: 1px solid black; padding: 5px; text-align: center;"><b>DEPT. OF BUILDING INSPECTION CITY OF PORTLAND, ME</b>  <b>APR 22 2003</b>  R E C E I V E D</div>	
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>addition wheel chair lift</u> Project description:		
Contractor's name, address & telephone: <u>Terry Oulany Wayer 7501040</u>		
Who should we contact when the permit is ready: <u>JIM Michaud</u>		
Mailing address: <u>89 Lamb ST Westbrook 6500611</u>		
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. <b>PHONE:</b>		

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 am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Jim Michaud</u>	Date: <u>4/22/03</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall



# MAINE ACCESSIBILITY CORPORATION

23 BOMARC ROAD, BANGOR, MAINE 04401  
PHONE 207-947-7532 207-942-6936 FAX

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May 2, 2003

Mike Nugent  
Inspection Services  
389 Congress St.  
Portland, ME 04101

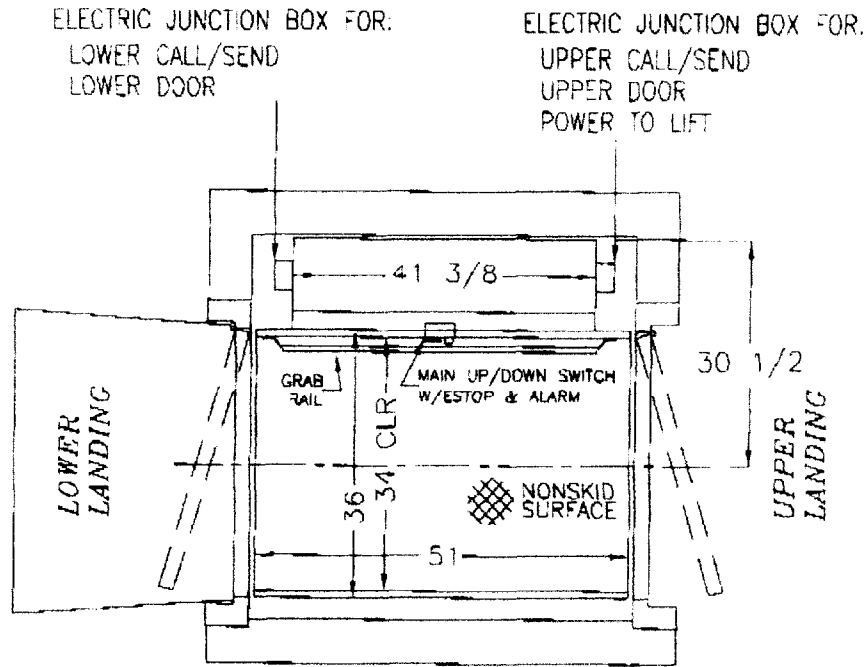
Re: White Memorial Seventh day Adventist Church

Dear Mike,

Here is the information that you requested regarding the wheelchair lift project at White Memorial Seventh day Adventist Church. I have enclosed a copy of the shop drawings as well as a brochure. If you have any further questions, please call me at 947-7532.

Thank you,

  
Jeremy Polk



PLAN VIEW

**NOTES**

- 1) FIELD ELECTRICAL CONDUIT AND CONNECTIONS TO MACHINE HOUSING, CALL SENDS, DOORS/GATES, TO BE INSTALLED BY OTHERS.
- 2) KEYED CALL SEND CONTROLS WITH PADDLES, LOCATION OPTIONAL.
- 3) UPPER GATE/DOOR MUST BE ALIGNED WITH CENTERLINE OF PLATFORM.
- 4) THERE MUST BE A MINIMUM OF 6'8" OF CLEAR HEADROOM SPACE ABOVE THE TOP LANDING.
- 5) FLOOR AREA BENEATH WHEELCHAIR LIFT MUST BE SMOOTH AND LEVEL FOR PROPER OPERATION OF MACHINE. FLOOR BELOW LIFT BY OTHERS.
- 6) PROVIDE BACKING FOR SUPPORT OF THE MACHINE HOUSING. THE HOUSING MUST BE FASTENED TO THE WALL BEHIND. WALL AND BACKING BY OTHERS.
- 7) ALL LIGHTING BY OTHERS. PROVIDE NOT LESS THAN (5) FOOT CANDLES.
- 8) PROVIDE SMOOTH, SOLID BARRIERS BOTH SIDES OF LANDING GATE/DOOR WITH SUFFICIENT SUPPORT STRENGTH- BY OTHERS.

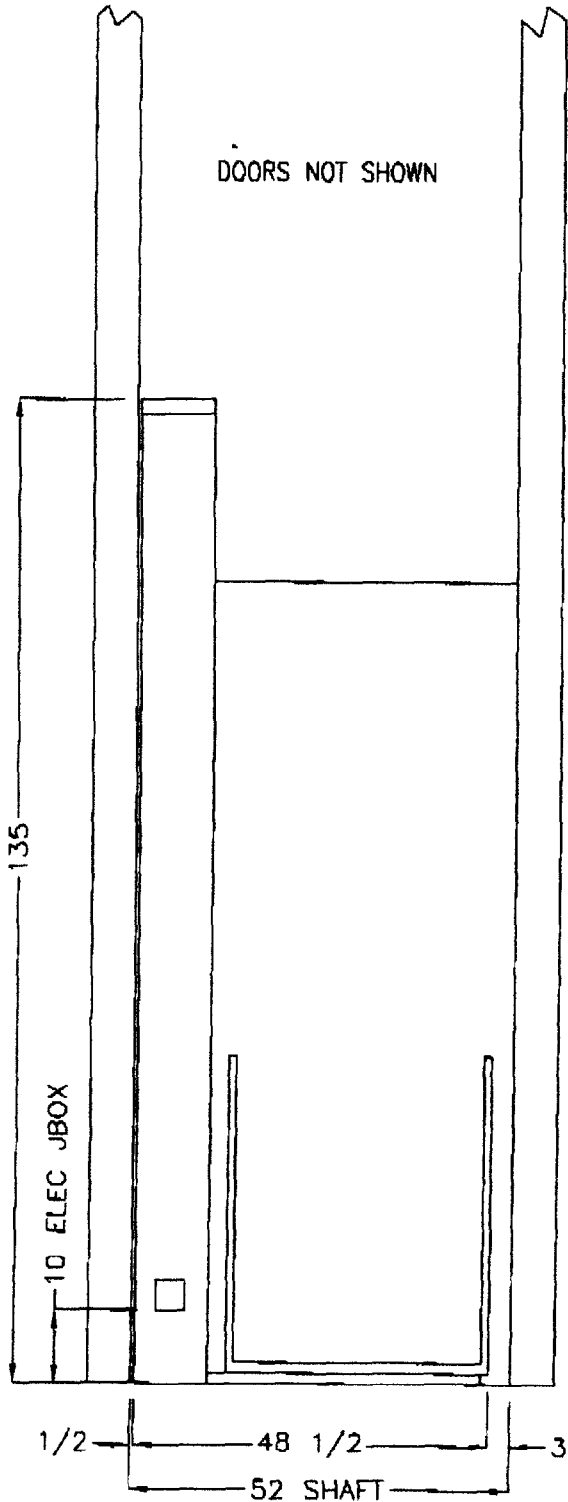
**SPECIFICATIONS**

RATED 750 LBS @ 20 F.P.M.  
 WEIGHT APPROXIMATELY 1400 LBS.  
 DRIVE: 1:2 RATIO CHAIN HYDRAULIC W/ TYPE A INSTANTANEOUS STOP SAFETY DEVICE  
 MOTOR: 24V DC 1.2KW  
 POWER SUPPLY 115 VOLT SINGLE PHASE 60 HZ 15 AMPS  
 24 VOLT DC BATTERY OPERATION  
 6 1/4 POUND T- RAIL  
 ATTENDANT OPERATED EMERGENCY MANUAL LOWERING VALVE  
 PLATFORM: 36 X 51 NON SKID SURFACE  
 STATIONARY RAMP  
 FINAL LIMIT  
 PLATFORM SIDE ENCLOSURES 42" HIGH  
 EMERGENCY STOP AND ALARM  
 GRAB RAIL  
 2 EXTRA STATION SWITCHES-SURFACE MOUNT  
 BAKED ELECTROSTATIC APPLIED POWDER COATING- PEARL WHITE TEXTURE  
 INDOOR UNIT  
 2 ELECTRIC STRIKE INTERLOCKS  
 ADA PHONE -WIRE ONLY

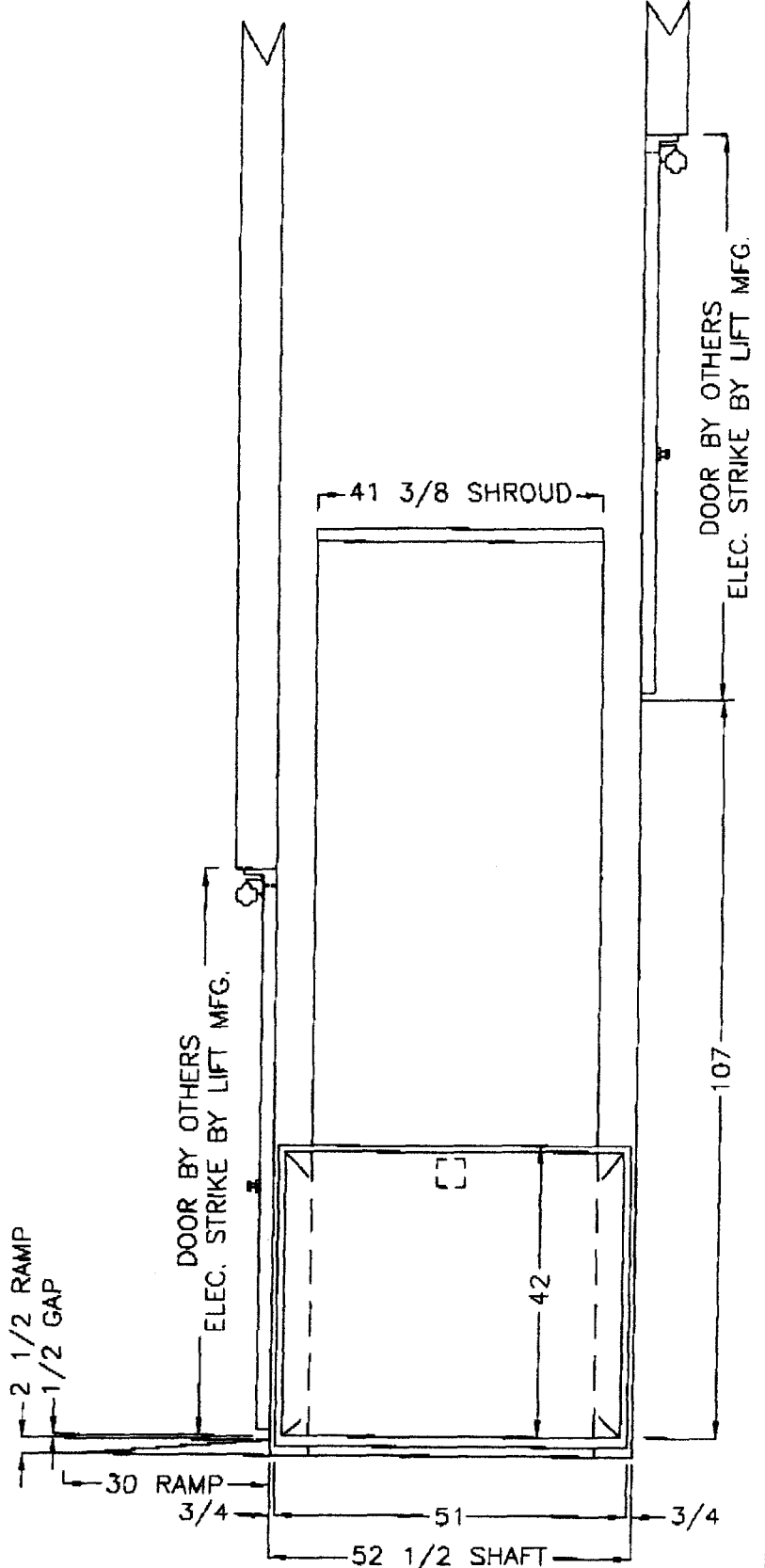
<b>National Wheel-O-Vator</b>		508 W. FRONT ST. ROCKFORD, ILLINOIS 61105 1-800-551-9085	
SCALE: NONE	DATE: 4-15-03	DRAWN BY: CM	
DESCRIPTION: H3C108 SHROUD LEFT			
DEALER: MAINE ACCESSIBILITY		DRAWING NUMBER: 33755	
JOB: WHITE MEMORIAL CHURCH			
ALLOWABLE VARIATION ON ALL DIMENSIONS IS PLUS OR MINUS .005 UNLESS OTHERWISE SPECIFIED			

National Wheel-O-Vator		909 W. FRONT ST. ROANOKE, ILLINOIS 61561 1-800-251-9065	
SCALE: NONE	DATE: 4-15-03	DRAWN BY: MD	
DESCRIPTION: HBC108 SHROUD LEFT			
DEALER: MAINE ACCESSIBILITY		DRAWING NUMBER: 33755	
JOB: WHITE MEMORIAL CHURCH			
ALLOWABLE VARIATION ON ALL DIMENSIONS IS PLUS OR MINUS 1/2" UNLESS OTHERWISE SPECIFIED			

DOORS NOT SHOWN

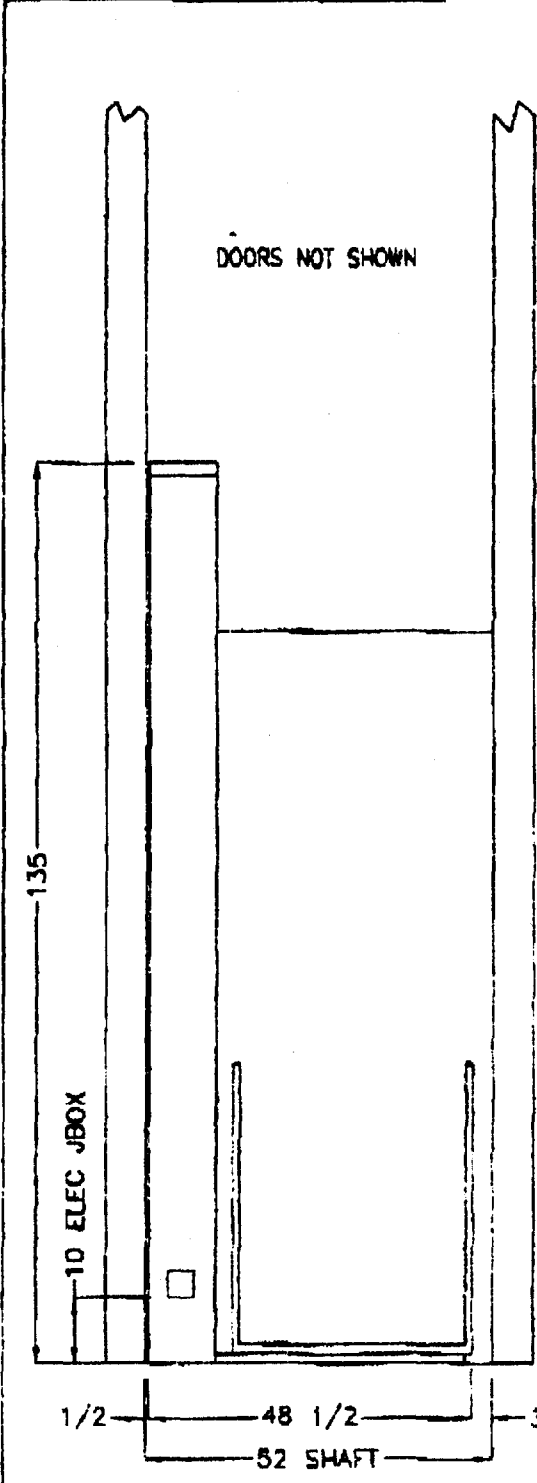


FRONT VIEW

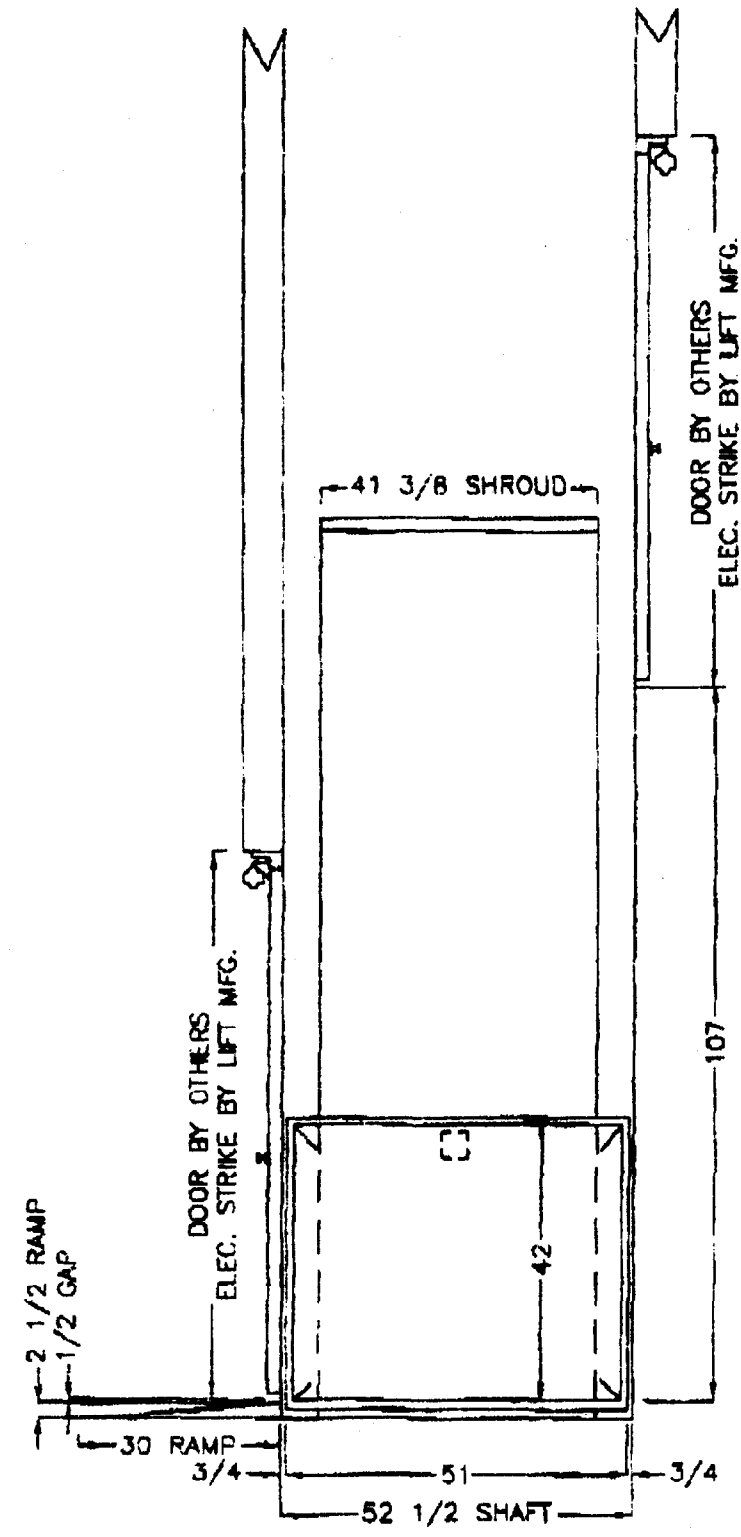


SIDE VIEW

National <b>Wheel-O-Vator</b>		SEE US AT THE MAINE ACCESSIBILITY 1-800-887-5006	ST1051
SOLE NONE	DATE 4-15-03	DRINK ON	43
DESCRIPTION HATCH SHROUD LEFT		33755	
ORDER BY WHITE MEMORIAL CHURCH			
ATTENTION: THE FOLLOWING IS A PRELIMINARY DRAWING IT IS SUBJECT TO CHANGE WITHOUT NOTICE			

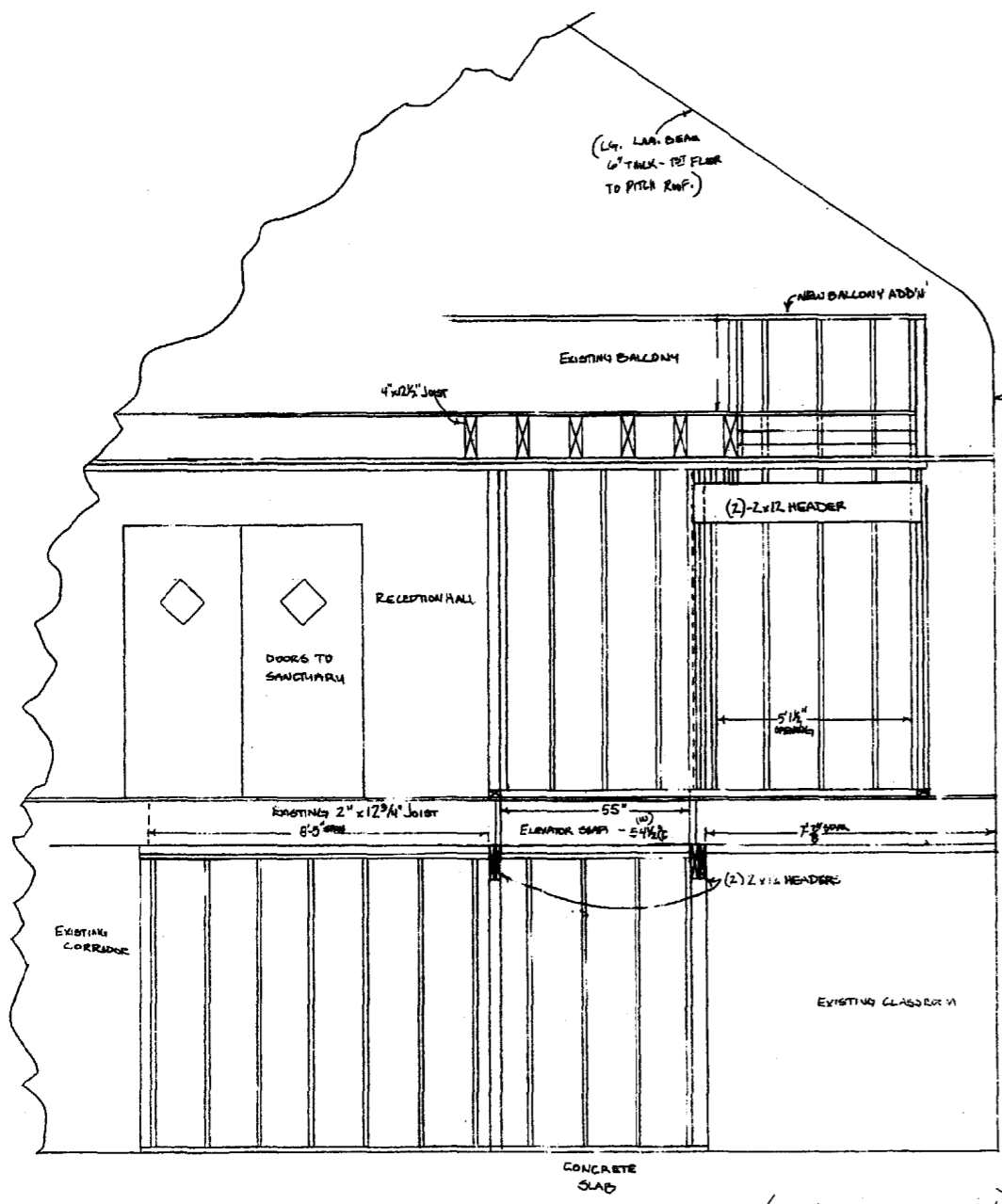


FRONT VIEW



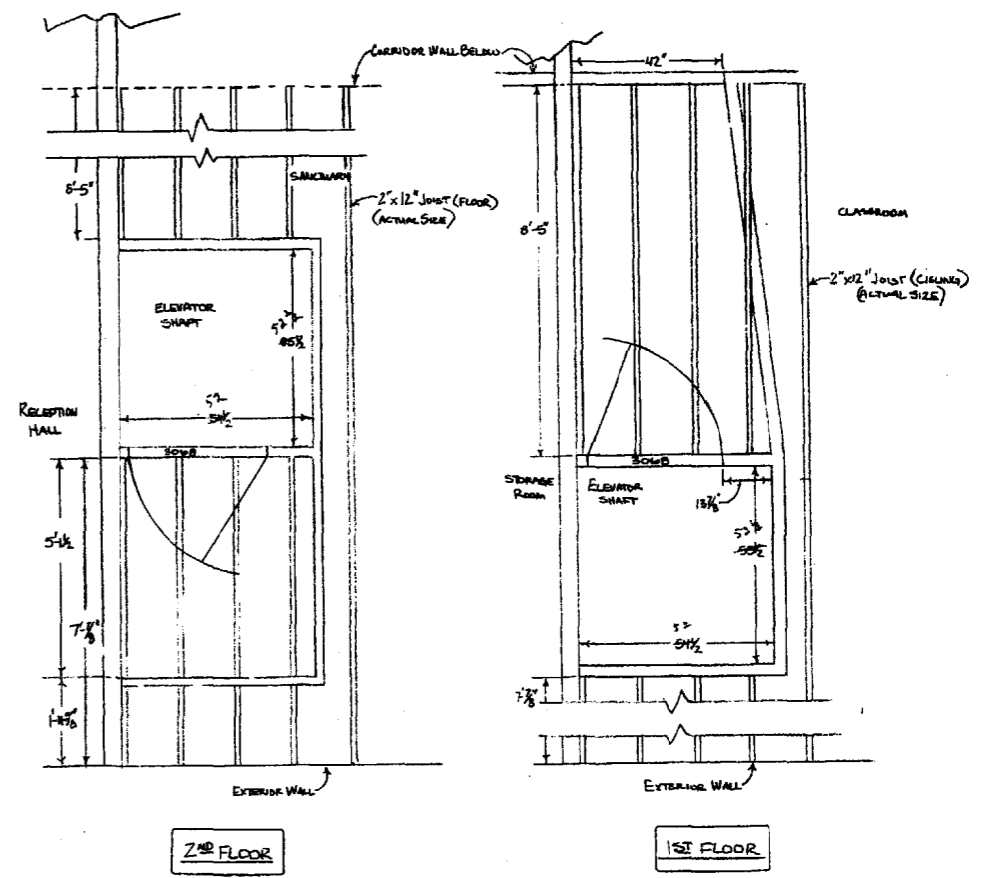
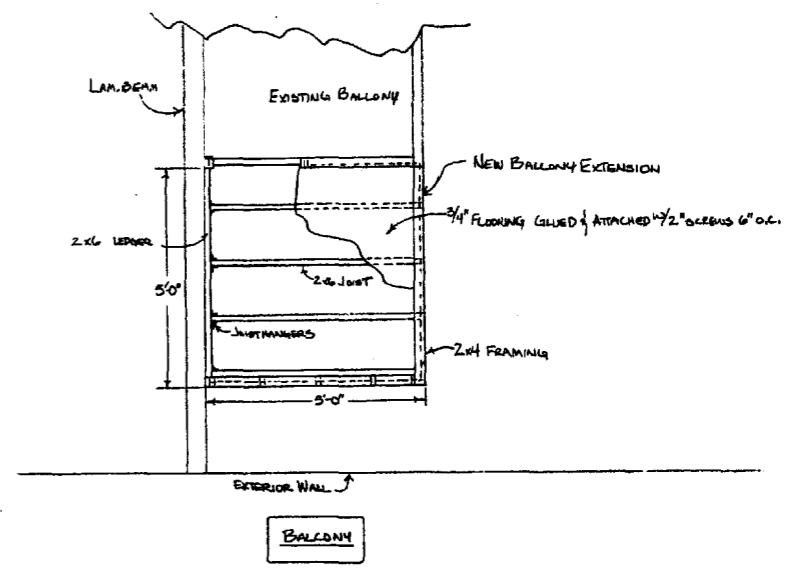
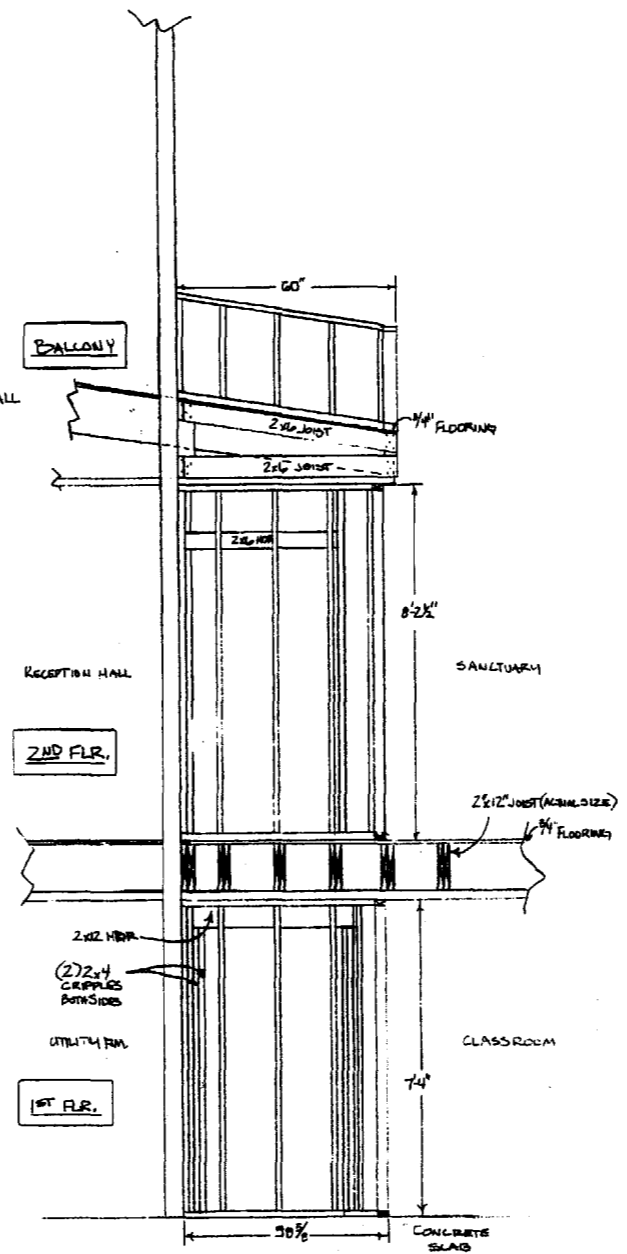
SIDE VIEW





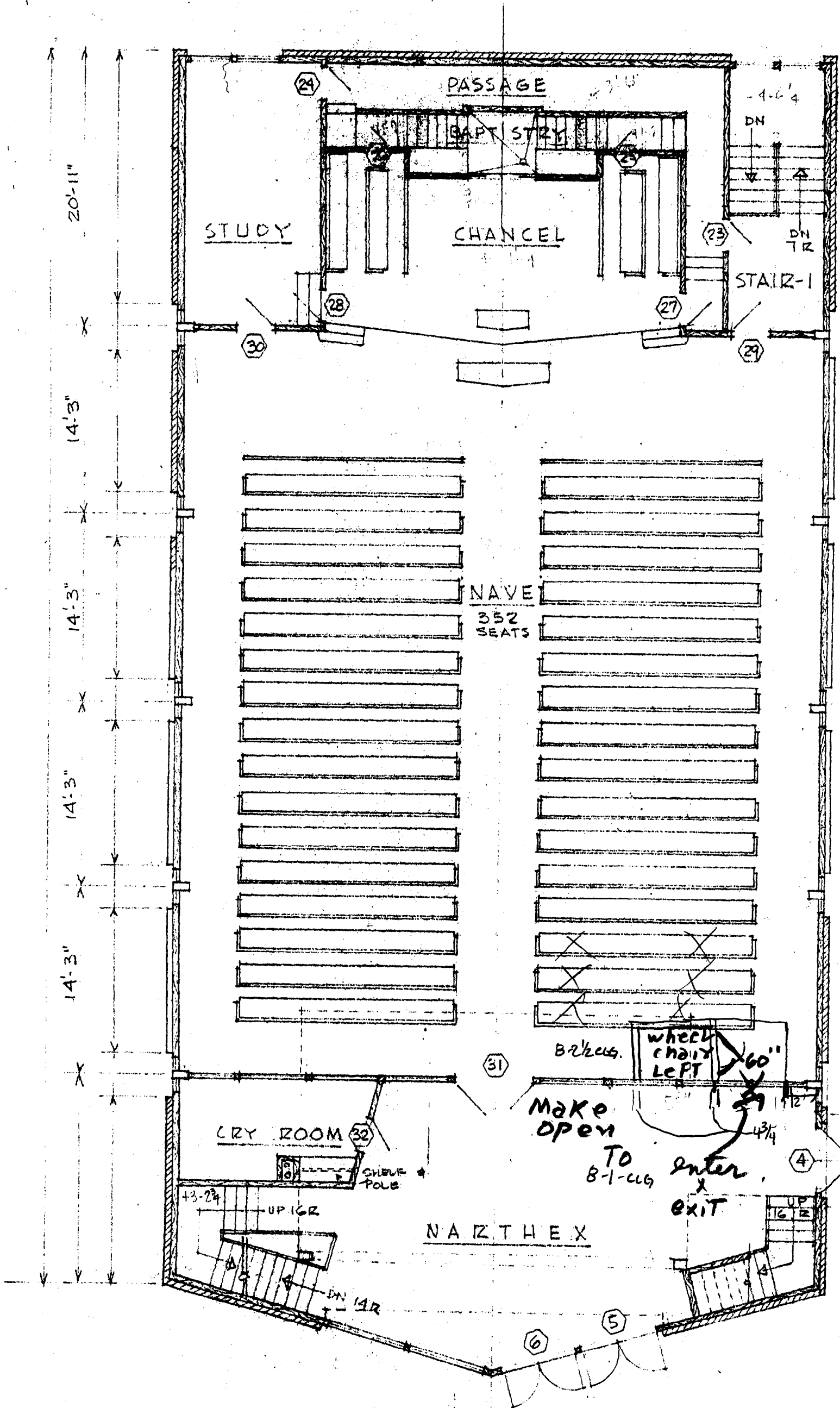
(4" LAM. BEAM  
6" TRNK - 1ST FLOOR  
TO PITCH ROOF.)

(ALL WALL FRAMING TO BE 2x4)



WHEELCHAIR ELEVATOR (FROM 2ND FLOOR RECEPTION HALL TO 1ST FLOOR HALLWAY)		
SCALE 1/2" = 1'	APPROVED BY:	DRAWN BY T. DUNAWAY
DATE 4-9-03	REVIEWED:	
SEVENTH DAY ADVENTIST		
DRAWING NUMBER		

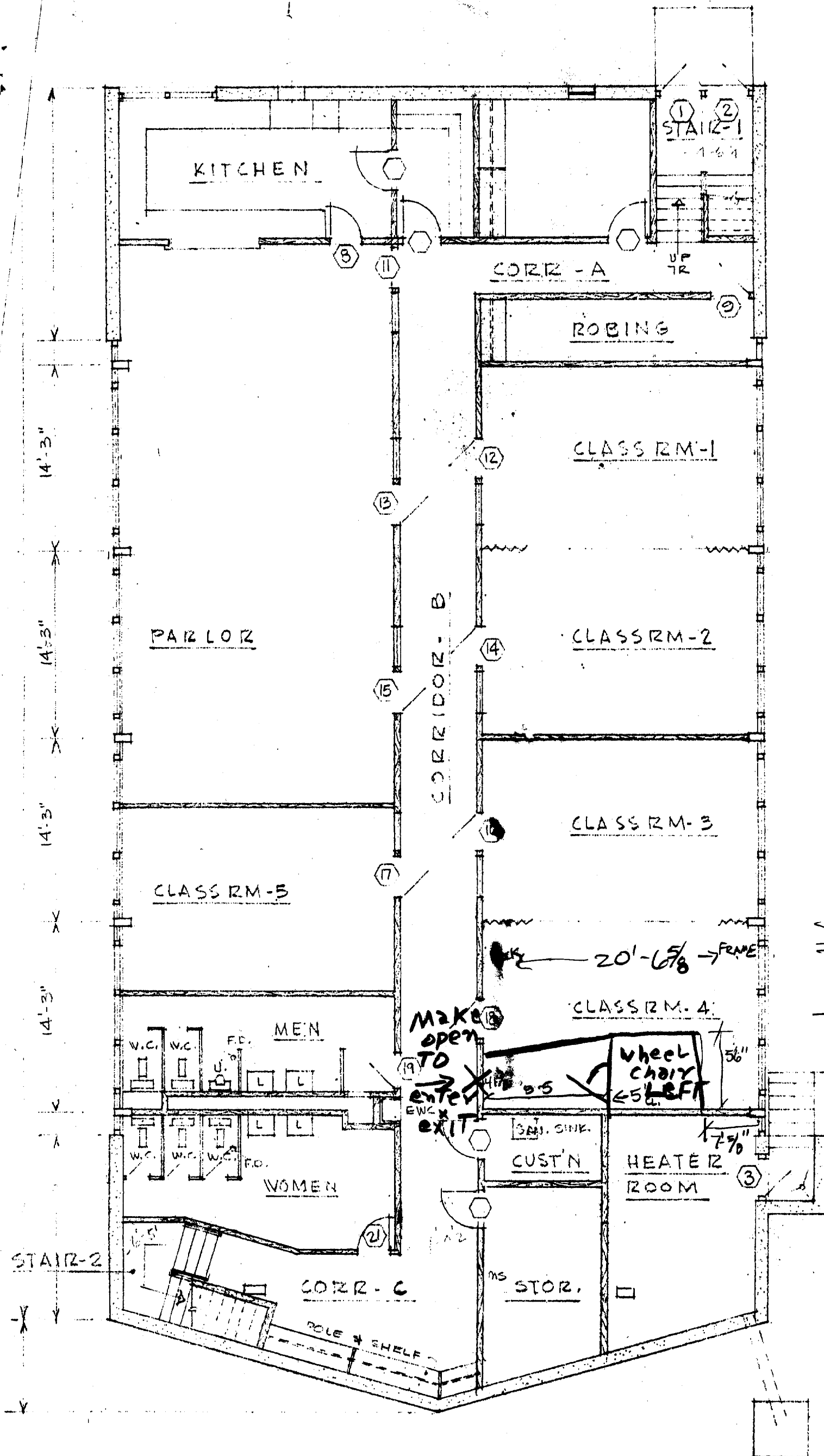
PROJECT NO. 101-5124



# FIRST FLOOR PLAN

## ROOM FINISH SCHEDULE

FLOOR | BASE

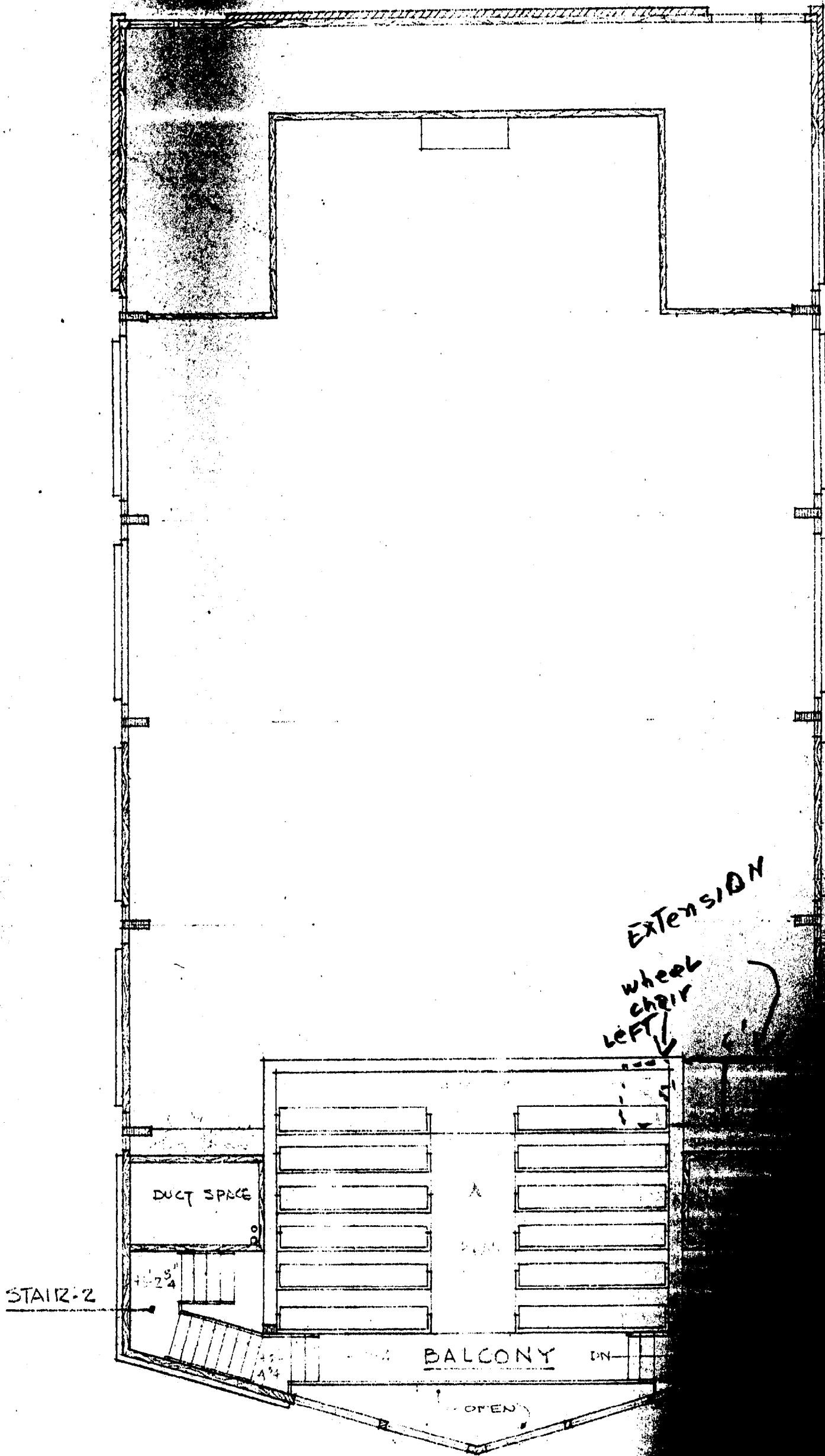


LOIST 12 3/4 3/4  
 12 1/4 1/2  
 1 1/2 PASTE

13 1/2  
 75  
 20 1/2 FF TO FF

GROUND FLOOR PLAN

DOOR SCHEDULE

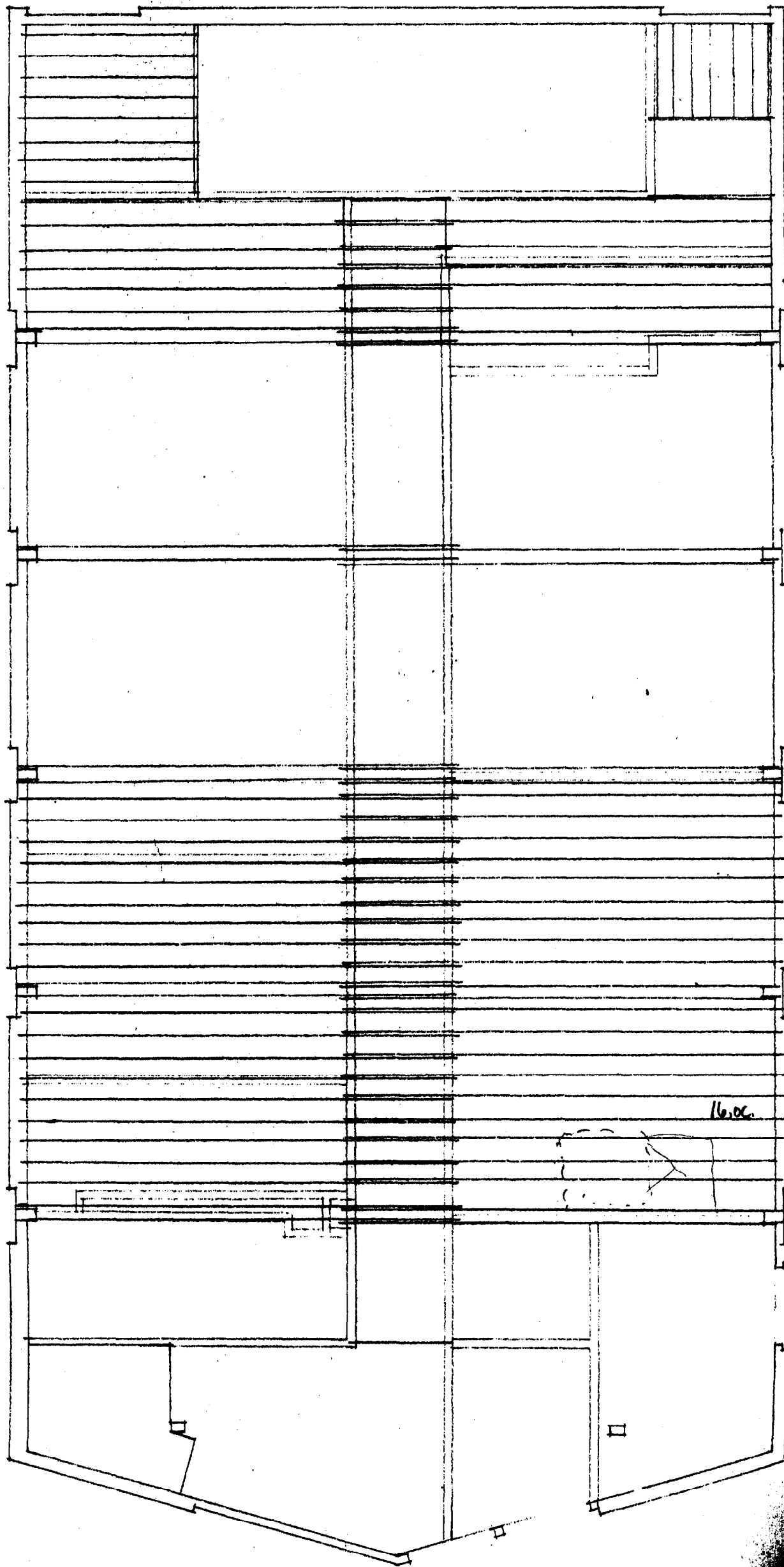


BALCONY FLOOR

ABBREVIATED

AT

P



1<sup>ST</sup> FLOOR FRAMING PLAN