

Warren

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-5451



PLANNING & URBAN DEVELOPMENT

JOSEPH E. GRAY, JR.
DIRECTOR

August 16, 1988

Mr. Davis Hartwell
Perkins, Thompson, Hinckley, and Keddy
One Canal Plaza
PO Box 426
Portland, ME 04112

Dear Mr. Hartwell:

Thank you for your letters of July 21 and August 12, 1988 requesting an advisory ruling from this Department on whether the proposed AIDS lodging house complies with the Land Use Code of Portland. I understand that the property you have under contract is located at 118-120 Brackett Street which is within our R-6 Residential zone.

I discussed the specifics of your use of the property with our Zoning Enforcement Officer, Mr. Warren J. Turner. He is responsible for making any final determination on zoning interpretations.

It is our conclusion that the proposed use as you described in our May meeting and in your July 21, 1988 letter, conforms with our Zoning Ordinance definition of a lodging house. This conclusion is based on how you intend this building to operate in the immediate future.

Your July 21st letter also describes a contemplated rearrangement of the structure with certain common facilities consolidated. Please be advised that we are reserving decision as to whether this future reorganization will continue to create a use that meets the definition of a lodging house. At the time that you finalize your plans you should contact the City's Inspection Services Division.

Sincerely,

Joseph E. Gray, Jr.
Director of Planning and Urban Development

cc: Warren J. Turner, Zoning Enforcement Administrator
Alexander Jaegerman, Chief Planner

22

PERKINS, THOMPSON, HINCKLEY & KEDDY
ATTORNEYS AND COUNSELORS AT LAW
ONE CANAL PLAZA
P O BOX 428
PORTLAND, MAINE 04112-0428

ROYDEN A. KEDDY
CHARLES P. BARNES II
THOMAS SCHULTEN
BRUCE E. LEDDY
OWEN W. WELLS
DOUGLAS S. CARR
ANDREW A. CADOT
RICHARD G. MOON
THOMAS B. WHEATLEY
JOHN R. OFFERMAN
PHILIP C. HUNT
LINDA D. MCGILL
DAVID E. WARREN
JOHN S. UPTON

PHILIP J. MOSS
PEGGY L. MCGHEE
MELISSA HANLEY MURPHY
JOHN M. RICH III
JOHN A. HOBSON
DAVIS MARTWELL
JOHN A. CIRALDO
LISA K. TONER
CHARLES B. GORDY II
ELIZABETH A. NADEAU
BARBARA E. BAILEY
HELEN I. MUTHER
TIMOTHY P. BENOIT

FRANKLIN G. HINCKLEY
CASPAR F. COWAN
OF COUNSEL

AREA CODE 207
TELEPHONE 774-2838
TELECOPIER 871-8026
TELEX 207139 COMMA UR

July 21, 1988

Joseph A. Gray
Director of Planning and
Urban Development
City of Portland
Portland City Hall, Room 211
Portland, Maine 04101

Re: AIDS Lodging House - Request for Advisory Ruling

Dear Mr. Gray:

Following up our meeting in May concerning a proposed lodging house for persons with AIDS in Portland, please be advised that the AIDS Lodging House, a Maine non-profit corporation, has contracted to purchase a 4-family dwelling located at 118-120 Brackett Street. We understand the house is presently approved for use as a 4-family dwelling and that it is located in an R-6 Zone.

In connection with the proposed acquisition of this house, we have applied to the Maine State Housing Authority for financing. The MSHA has requested that we provide it with an advisory ruling from the City of Portland that the proposed use complies with Portland's land use ordinances.

In the near term, the AIDS Lodging House does not plan to change the present use of the building. We will be using one apartment initially as a residence for persons with AIDS or AIDS-related conditions, and as need arises and as our program develops, we will begin using other units for that purpose as well. Our projected maximum occupancy of the house is eight persons. All persons living in the house must be able to function independently. The AIDS Lodging House will not provide medical services of any kind to residents of house, nor will it provide meals. Residents must be able to prepare their own meals

Joseph A. Gray
July 21, 1988
Page 2

in kitchen facilities shared in common with other residents of each apartment. No resident supervisor will be at the house, although a house manager currently operating out of United Way's offices on Oxford Street will be available to manage the property.

Once all or most of the apartments are filled with the client-tenants of the organization, we contemplate connecting some of the apartments to create a more communal and supportive environment for house residents. Some common facilities may be consolidated to serve the entire house or adjoined apartments. The basic operation of the house will remain unchanged by these structural modifications.

In addition, you may recall that we discussed the program of the AIDS Lodging House in some detail at our meeting. Our program has not changed from what was described to you then, and I enclose for your review the organization's mission statement.

Based on the foregoing, would you kindly advise us whether our proposed near-term use and our contemplated long-term use comply with the land use ordinances of the City of Portland currently in force?

Should you require any further information, please let me know, or, as I will be on vacation until August 8, please contact Fred Rabidoux, President of the AIDS Lodging House, at 761-4281.

Very truly yours,


Davis Hartwell

DH/lb

cc: AIDS Lodging House Executive Committee
Alex Jaegerman
Warren Turner
Lee Lowry, Esq.

AIDS Lodging House, Inc.

Interim Board

Claire Bechoie
Cindy Bouman
Sister Lorraine Colford
James DiVirgilio
Gerald Dube
Rev. William Irish
Kristen Kreamer, R.N.
Roy Star

Financial Planning and Fundraising

Claire Bechoie
Meg Carey
Richard Dalbeck
Gerald Dube
Rev. William Irish
Steve Montson

REVISED MISSION STATEMENT AIDS LODGING HOUSE PROJECT

**ADOPTED BY INTERIM BOARD
SEPTEMBER 23, 1987**

The purposes of the AIDS Lodging House are to provide affordable housing in a supportive, homelike environment in the Portland area for persons with AIDS or AIDS-related conditions who need such housing and are able to live in a cooperative setting; to coordinate, with appropriate agencies, the delivery of social and support services to residents of the AIDS Lodging House; and generally to provide such other charitable services related to the foregoing purposes as the Board of Directors of the AIDS Lodging House deems appropriate.

The AIDS Lodging House does not provide medical or social services to any resident, nor does it provide nursing, convalescent or Hospice care. The emphasis in the house is on providing a supportive atmosphere for independent living in which a resident can plan and provide for his/her own needs.

The Board of Directors of the AIDS Lodging House operates on the organizing principle of broad-based community support and participation. In a spirit which we hope will characterize Portland's and Maine's response to the crisis of AIDS, the Board has from the onset been composed of individuals from a variety of health, religious, social service, and corporate entities. We are committed to preserving this heterogeneous support in order to demonstrate this community's response to the physical and psychosocial needs of people with AIDS and AIDS-related illnesses.

PERKINS, THOMPSON, HINCKLEY & KEDDY

ATTORNEYS AND COUNSELORS AT LAW

ONE CANAL PLAZA

P O BOX 426

PORTLAND, MAINE 04112-0426

ROYDEN A. KEDDY
CHARLES F. BARNES II
THOMAS SCHULTEN
BRUCE E. LEDDY
OWEN W. WELLS
DOUGLAS S. CARR
ANDREW A. CADOT
RICHARD G. MOON
THOMAS B. WHEATLEY
JOHN R. OPPERMAN
PHILIP C. HUNT
LINDA D. MCGILL
DAVID E. WARREN
JOHN S. UPTON

PHILIP MOSS
PEGGY. MCGHEE
MELISSA HANLEY MURPHY
JOHN H. RICH III
JOHN A. HOBSON
DAVID HARTWELL
JOHN A. CIRALDO
LISA K. TONER
CHARLES S. GORDY II
ELIZABETH A. NADEAU
BARBARA E. BAILEY
HELEN I. MUTHER
TIMOTHY F. BENOIT

FRANKLIN G. HINCKLEY
CASPAR F. COWAN
OF COUNSEL

AREA CODE 207
TELEPHONE 774-2535
TELECOPIER 871-8026
TELEX 284139 COMMA UR

August 12, 1988

BY HAND

Joseph A. Gray
Director of Planning
and Urban Development
City of Portland
Portland City Hall, Room 211
Portland, Maine 04101

Re: AIDS Lodging House - Zoning Interpretation

Dear Joe:

To follow up our telephone conference call earlier this week with Jack McMillen of the Maine State Housing Authority, please let me emphasize that there are no differences between the objectives of the project as explained to you, Alex Jaegermann and Warren Turner at our meeting this spring, and those presented to you in my letter of July 21.

When we met this spring, we did not have a specific property in mind, but were looking for something suitable. The suggestion was made at that meeting by you or Alex that once we did have a specific property, we could seek an advisory ruling from your department that our proposed use would fall within the City's zoning. This is what my letter of July 21 was designed to accomplish, now that we have contracted to purchase the Brackett Street premises.

The discussion at our spring meeting revolved around how our proposed objectives would fit within the definitions of Portland's zoning ordinance. In connection with the old Hanover Street premises, the view had previously been expressed that our proposed use was a "sheltered care group home." However, the definition of a sheltered care group home is "a facility which, in addition to providing food and shelter to at least 9 but not more than 20 unrelated persons, provides guidance or counselling services. Such services are a primary function of the facility." Portland Code of Ordinances §14-47 (emphasis added).

Joseph A. Gray
August 12, 1988
Page 2

The facility we had envisioned at Hanover Street -- and which we envision long-term at Brackett Street -- does not fall under this definition. The facility we propose to operate is for a maximum of 8 individuals, less than the minimum required for a sheltered care group home. We would provide no food for residents; rather, residents would merely have kitchen privileges and be obliged to provide their own food. Finally, the AIDS Lodging House would not directly provide guidance or counselling services to residents, so these could not be considered a "primary function" of our program.

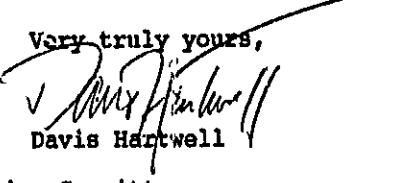
On the contrary, the primary function of the AIDS Lodging House is simply to provide lodging for persons with AIDS who are capable of functioning on their own. Thus we are neither a hospice nor health care facility of any sort.

The project really is designed to be, as its name implies, a lodging house. A lodging house is defined in the City's ordinance simply as a "building in which more than 2 but not more than 9 guest rooms are offered for lodging and in which meals also may (but not necessarily) be served to lodgers only provided that the total number of lodgers in any lodging house may not exceed 18 persons with no more than 4 persons per room." Id., parenthetical phrase added. In short, we feel that the long-term use we propose is a lodging house under Portland's ordinance.

As a community-based, nonprofit organization, we cannot afford to operate in contravention of the City's Zoning Ordinance or any other laws, nor do we intend to do so. By the same token, we need the City's help, particularly at this time in connection with our financing, in providing zoning interpretations based both on the plain language of the ordinance and on an understanding of the facts involved.

Again, should you have any questions concerning the premises in question or our project, please let me know.

Very truly yours,


Davis Hartwell

DH/lb

cc: AIDS Lodging House Executive Committee
Alex Jaegermann
Warren Turner
Pamela Plumb
Jack McMillen



CITY OF PORTLAND, MAINE
 Department of Building Inspection

Certificate of Occupancy

LOCATION One Canal Plaza

Issued to Perkins, Thompson, Hinckley & Kaddy

Date of Issue January 3, 1989

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. 88-634, 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

8th Floor

Office

Limiting Conditions:

None

This certificate supersedes
 certificate issued

Approved:

1/3/89
 (Date)

Inspector

Inspector of Buildings

Note: 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 # 000534 CITY OF Portland BUILDING PERMIT APPLICATION MAP # 1015

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

Owner: Perkins, Thompson, Hinckley & Keddy

Address: One Canal Plaza Portland

LOCATION OF CONSTRUCTION: One Canal Plaza - Eighth Floor

CONTRACTOR: Ledgewood, Inc. SUBCONTRACTORS:

ADDRESS: PO box 2107 Portland 04104 775-0741

Est. Construction Cost: 110,000 Type of Use: Office

Past Use: CA

Building Dimensions L W Sq Ft # Stories Lot Size

Is Proposed Use: Seasonal Condominium Apartment

 Conversion - Explain Interior renovations and tenant fit up

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:
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: 7 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

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

© Copyright GPCOG 1987

For Official Use Only	
Date <u>May 27, 1988</u>	Subdivision: <u>Yes</u>
Inside Fire Limits <u> </u>	Lot <u> </u>
Blgd Code <u> </u>	Block <u> </u>
Time Limit <u> </u>	Permit Expiration: <u> </u>
Estimated Cost: <u>110,000</u>	Ownership: <u> </u>
Value/Structure <u> </u>	Public <u> </u>
Fee: <u>576</u>	Private <u> </u>

PERMIT ISSUED

Calling: 1. Ceiling Joists Size:

2. Ceiling Strapping Size Spacing JUN 3 1988

3. Type Ceiling: Size

4. Insulation Type Size

5. Ceiling Height: City Of Portland

Roof: 1. Truss or Rafter Size Span

2. Sheathing Type Size

3. Roof Covering Type

4. Other

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

Swimming Pools: 1. Type:

2. Pool Size: x Square Footage

3. Must conform to National Electrical Code and State Law.

Zoning: District B-3 Street Frontage Req: Provided

Required Setbacks: Front 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: OK W. J. Turner May 27 1988

Permit Received By Lynne Benoit

Signature of Applicant: [Signature] Date 5/27/88

Signature of CEO: [Signature] Date 5/31/88

Inspection Dates:

1107 MA. ROWE

PLOT PLAN

N

greg Payne
2th floor
Office 1192

FEES (Breakdown From Front)		Type	Inspection Record	Date
Raise Fee \$	_____	_____	_____	____/____/____
Subdivision Fee \$	_____	_____	_____	____/____/____
Site Plan Review Fee \$	_____	_____	_____	____/____/____
Other Fees \$	_____	_____	_____	____/____/____
(Explain)	_____	_____	_____	____/____/____
Late Fee \$	_____	_____	_____	____/____/____

COMMENTS 1/3/89 Completed ACR C/O

Signature of Applicant Marion Sanders Date _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date October 1, 19 87
 Receipt and Permit number 22409

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 1 Canal Plaza 5th Floor
 OWNER'S NAME: Kidder Peabody ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>60</u>	<u>5.00</u>
FLXTURES: (number of)	
In.candescent _____ Flourescent _____ (not strip) TOTAL _____	
Strip Flourescent _____ f.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	<u>1.50</u>
METERS: (number of) <u>1</u>	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u>	<u>1.00</u>
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE: _____	<u>6.50</u>

INSPECTION:
 Will be ready on _____, 19____; or Will Call X
CONTRACTOR'S NAME: Seabee Elec
ADDRESS: 200 Anderson Street
TEL.: 774-4880
MASTER LICENSE NO.: 3014 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 22469

Location

Owner

Date of Permit

Final Inspection

By Inspector

Permit Application Register Page No. 12

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 10/7/87 by Russ

PROGRESS INSPECTIONS: _____ / _____ / _____

DATE:

REMARKS:

1/4/89

No Call for final inspection.

5447



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 13, 1988, 19
 Receipt and Permit number 29237

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 1 Canal Plaza 8th floor
 OWNER'S NAME: Perkins/Thompson ADDRESS: same

	FEES
OUTLETS	
Receptacles <u>5</u> , Switches <u>21</u> , Plugmold _____ ft. TOTAL _____	<u>7.50</u>
FIXTURES: (number of)	
Incandescent <u>17</u> Fluorescent _____ (not strip) TOTAL _____	<u>3.70</u>
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary <u>X</u> TOTAL amperes <u>100</u> ..	<u>3.00</u>
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES. (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 26 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amp* _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire <u>3.00</u> _____	<u>3.00</u>
Emergency Lights, battery _____	
Emergency Generators _____	

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) ... _____
TOTAL AMOUNT DUE: 17.20

INSPECTION:
 Will be ready on June 15, 1988, 19 ; or Will Call _____
CONTRACTOR'S NAME: Energy Electric
ADDRESS: 295 Warren Avenue
TEL: 797-9340
MASTER LICENSE NO.: 3270 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

Permit Number 29237
Location Carroll County
Owner Carroll County
Date of Permit 11/17/88
Final Inspection 12/6/88
By Inspector [Signature]
Permit Application Register Page No. 35

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 1/17/88 by [Signature]

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:	REMARKS:

CODE
COMPLIANCE
COMPLETED
DATE 12/6/88
1/4/89

Permit # 000882 0882 City of Portland BUILDING PERMIT APPLICATION Fee \$245. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Plaza Realty Co. Phone # 773-6156
 Address: 1 Canal Plaza; Ptld, ME 04112
 LOCATION OF CONSTRUCTION One Canal Plaza - tenth floor
 Contractor: The Thaxter Co Sub: 774-5553
 Address: P O Box 7231; Ptld, ME 04112
 Est. Construction Cost: _____ Proposed Use: commercial
 Past Use: commercial
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimension: L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion INTERIOR RENOVATIONS - tenth floor - offices

For Official Use Only
 Date: 7/17/90 Subdivision: _____ Name: _____
 Inside Fire Limits: _____ Lot: _____
 Blg Code: _____ Ownership: _____
 Time Limit: _____
 Estimated Cost: \$45,000
PERMIT ISSUED
JUL 19 1990
City of Portland

Zoning: _____
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ 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): _____

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

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

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: _____

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

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 _____

Chimneys:
 Type: _____ Number of Fire Places _____

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

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 _____

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

Permit Received By LOU **PERMIT ISSUED**

Signature of Applicant Nick **PERMITTER** 7.16.90

Signature of CEO _____ Date _____

Inspection Dates _____
 White-Tax Assesor Yellow-GPCOG White Tag -CEO 1107 Mrs. Mitchell



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

December 5, 1990

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

Plaza Realty
1 Canal Plaza
Portland, Maine 04101
Attn: Francis Mendes

Dear Sir:

Following a meeting with Curtis Thaxter and a representative of Seabee Electric, regarding the electric closet on the 10th floor of 1 Canal Plaza, I make the following recommendations:

In order to alleviate the overhead cables in violation, the use of appropriate cable tray or wireway will affectively relieve that situation.

I also suggest that the services of an electrical engineer to redesign the meter services is highly motivated from this view. At the present time there is no means of identification for emergency, no defined layout of tenant services, an estimated by count, 7 transformers totaling 120 KVA loading installed in a non-conforming manner. It is also noted that storage of materials is not allowed in these type rooms, and fire safeing thru fire-rated floors, walls, horizontally and vertically is a code requirement. If there are any questions, please feel free to call.

Very truly yours,

Sven Borglund
Chief Electrical Inspector

/el

cc: P. Samuel Hoffses, Chief of Inspection Services
Mark Mitchell, Code Enforcement Officer
Wallace Garroway, Fire Prevention Bureau

902186

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$95. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job Proper plans must accompany form

Owner: Key Bank Phone # 874-7199
 Address: Or. 1 Plaza, Ptld, ME 04101
 LOCATION OF CONSTRUCTION One Canal Plaza; 10th floor
 Contractor: The Thaxter Co. Inc; 774-5553
 Address: 41A Union Wharf; Ptld, ME Phone # 04101
 Est. Construction Cost: 15,000 Proposed Use: conf. room w renovations
 Past Use: conf. room
 # 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 Interior renovations - 10th floor

For Official Use On **PERMIT ISSUED**
 Subdivision: _____ Name: DEC-5-1990
 Lot: _____ Ownership: City of Portland
 Date: 11/19/90
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost: 15,000

Zoning B-3
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ 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) OK W/DH - P 12-4-90

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

Floor:
 1. Sills _____ Sills must be anchored.
 2. Girder _____
 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. window _____
 3. No. door _____
 4. Header Size _____ Spacing _____
 5. Bracing _____ 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 Wall:
 1. Studding Size _____ Spacing _____
 2. Header Size _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

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

Roof:
 1. Use of Rafters Size _____ Span _____ Action: _____ Approved.
 2. Sheat _____ Size _____ Approved with Conditions.
 3. Roof _____
 4. Other _____

Chimneys:
 Type _____ Number of Fire Places _____
 Signature: [Signature]

Heating:
 Type _____

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 _____

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

Permit Received By Louise F. Chase
 Signature of Applicant [Signature] Date 11-19-90
 Signature of Nick Nash Date 12-3-90
 Inspection Dates _____

HISTORIC PRESERVATION

White-Tax Assesor Yellow-GPCOG White Tag-CEO © Copyright BPCOG 1990

110 Mr. Mike U



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 6/14/91, 19__
 Receipt and Permit number 2436

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: One Canal Plaza - 7th floor
 OWNER'S NAME: Key Bank ADDRESS _____

	FEE\$
OUTLETS	
Receptacles <u>40</u> Switches <u>20</u> Plugmold _____ ft. TOTAL <u>60</u>	<u>12.00</u>
FIXTURES (number of)	
IncarDESCent <u>35</u> Fluorescent <u>59</u> (not strip) TOTAL <u>93</u>	<u>18.60</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES. (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	
MISCELLANEOUS. (number of)	
Branch Panels _____	
Tra-formers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq ft and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
	INSTALLATION FEE DUE
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	DOUBLE FEE DUE.
FOR REMOVAL OF A "STOP ORDER" (304-16 b) ..	
	TOTAL AMOUNT DUE:
	<u>30.60</u>

INSPECTION:

Will be ready on _____, 19__; or Will Call X

CONTRACTOR'S NAME: Anthony Mancini

ADDRESS: Sheridan St; Ptld

TEL: 774-5923

MASTER LICENSE NO. 42435 SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO. _____ [Signature]

INSPECTOR'S COPY -- WHITE
 OFFICE COPY -- CANARY
 CONTRACTOR'S COPY -- GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 2435

Location 1 Canal Plaza

Owner Key Bank

Date of Permit 6-14-91

Final Inspection 6-20-91

By Inspector SR

Permit Application Register Page No. 109

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 6-20-91 by SR

PROGRESS INSPECTIONS: _____

DATE:

REMARKS:

6-20-91	SEE Letter on remarks about electric closet
7-2-91	met with Mancini, architect and Pachobit on electric closet -- Mancini will quote on NECESSARY work to upgrade area --
	Advised building maintenance about storing combustibles in main switch room.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street Subdivision Lot #: ONE CONANT ST

PROPERTY OWNERS NAME

Last: KEY BANK First: _____

Applicant Name: THE HOUSTON CO

Mailing Address of Owner/Applicant (If Different): P.O. Box 1007
PORTLAND ME 04111

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for a Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Thomas J. Jordan Date: 6/11/91

PORTL NO: 66-149-911

4215 TOWN COPY

Date Permit Expires: 11/9/91

FEE: 0.124

Local Plumbing Inspector Signature: _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

This Application is for:	Type Of Structure To Be Served:	Plumbing To Be Installed By:
	<input checked="" type="checkbox"/> NEW PLUMBING <input type="checkbox"/> RELOCATED PLUMBING	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input checked="" type="checkbox"/> OTHER - SPECIFY <u>OFFICE</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of hook-Ups & Relocations	Fixtures (Subtotal) Column 2		3	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee			\$ 9.00	Hook-Up & Relocation Fee
			\$ 9.00	Permit Fee
			\$ 9.00	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

912738

Permit # 912738 City of Portland BUILDING PERMIT APPLICATION Fee \$795. Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

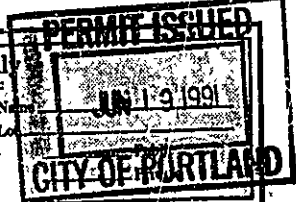
Owner: Key Bank of Maine Phone # 974-7000
 Address: One Canal Plaza; Pt'd, ME 04101
 LOCATION OF CONSTRUCTION One Canal Plaza- 7th floor
 Contractor: Pochebit Co. Phone # 797-3359
 Address: 844 Stevens Ave; Pt'd, ME 04103
 Est. Construction Cost: 155,000. Proposed Use: office bldg w renov Zoning: _____
 Past Use: office bldg
 # 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 Interior renovations - seventh floor

For Official Use Only

Date 5/30/91 Subdivision: _____
 Inside Fire Limits _____ Name: _____
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: _____
 Estimated Cost: 155,000

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



HISTORIC PRESERVATION

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. Bracing 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 Stripping Size _____ Spacing _____
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 Action: _____ Approved _____
 Not in District per Section 22B
 Does not require review
 Requires Review

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

Chimneys:
 Type: _____ Number of Fire Places _____

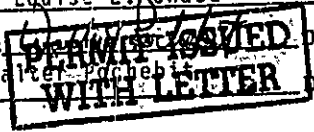
Heating:
 Type of Heat: _____

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 _____

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

Permit Received By Louise E. Chase
 Signature of Applicant: _____ Date 5-30-91
 Signature of CEO: _____
 Inspection Dates _____



924475

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee _____ Zone _____ Map # _____ Lot # _____

Please fill out any part which applies to job. Properly fill out all parts.

000882

Permit # _____ City of Portland

Please fill out any part which applies to job. Properly fill out all parts.

Owner: Plaza

Address: 11 Canal

LOCATION OF CONSTRUCTION: RENOVATION

Est. Construction Cost: 1000

of Existing Res. Units: 1

Building Extension: None

Stories: 1

Is Proposed Use: RENOVATION

Explain Conversion: DR RENOVAT

Foundation:

- Type of Foundation
- Set Back
- Footings
- Foundations
- Other

Floor:

- Sills
- Order
- Lets
- Joints
- Bridges
- Floor Joists
- Other

Exterior Walls:

- Stud Size
- No. of Studs
- No. of Joists
- Header
- Bridging
- Copper
- Insulation
- Sheathing
- Siding
- Masonry
- Metal

Interior Walls:

- Stud Size
- Header
- Wall C
- Fire W
- Other

NAME APPLICATION: _____ Phone # _____

Address: _____

LOCATION OF CONSTRUCTION: _____

Contractor: _____ Sub: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: _____

Estimate: _____ Part Use: _____

of Existing Res. Units: _____ # of New Res. Units: _____

Building Dimensions: L _____ W _____ Tot. (Sq. Ft.) _____

Stories: _____ Bathrooms: _____ Lot Size: _____

Is Proposed Use: Residential Commercial Conversion

Explain Conversion: DR RENOVAT

Conversion: _____

Foundation:

1. Type of Foundation
2. Set Back
3. Footings Size
4. Foundation Size
5. Other

Floor:

1. Sills Size
2. Order
3. Lets
4. Joints
5. Bridges
6. Floor Joists
7. Other

Roof:

1. Sills Size
2. Order
3. Lets
4. Joints
5. Bridges
6. Floor Joists
7. Other

Chimneys:

1. Type
2. Number of Fire Places

Heating:

1. Type of Heat
2. Number of Fire Places

Electrical:

1. Service Entrance Size
2. Smoke Detector Required

Plumbing:

1. Approval of soil test if required
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:

1. Type
2. Pool Size
3. Must conform to National Electrical Code

10. Masonry:

1. Material
2. Header Sizes
3. Wall Covering
4. Fire Wall if required
5. Other Material

Weather Exposure:

1. Studding Size
2. Header Sizes
3. Wall Covering
4. Fire Wall if required
5. Other Material

Signature: _____ Date: _____

White Tax Assessor _____ Ivory Tag - CEO _____

For Official Use Only

Stamp: _____

Inside Fire List: _____

Blg Code: _____

Time Limit: _____

Estimated Cost: 1000

Zoning: _____

Street Frontage Provided: _____

Provisional Backs: _____

Review Required: _____

Zoning Approval: Yes _____ No _____

Planning Board Approval: Yes _____ No _____

Condition Use: _____ Variance: _____

Shorthand: Yes _____ No _____

Special Exception: _____

Other: (Explain) _____

Ceiling:

1. Ceiling Joist Size
2. Ceiling Sheathing Size
3. Ceiling Type
4. Insulation Type
5. Ceiling Height

Roof:

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

Chimneys:

1. Type
2. Number of Fire Places

Heating:

1. Type of Heat
2. Number of Fire Places

Electrical:

1. Service Entrance Size
2. Smoke Detector Required

Plumbing:

1. Approval of soil test if required
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:

1. Type
2. Pool Size
3. Must conform to National Electrical Code

Permit Received By: _____

Signature of Applicant: _____

CEO's District: _____

Date: _____

CONTINUED TO REVERSE SIDE

PERMITS

Division: _____

Time: _____

Public: _____

Private: _____

CITY OF PORTLAND

HISTORIC PRESERVATION

NOT A DESIGNATED AREA

Designation: _____

Size: _____

Span Action: _____

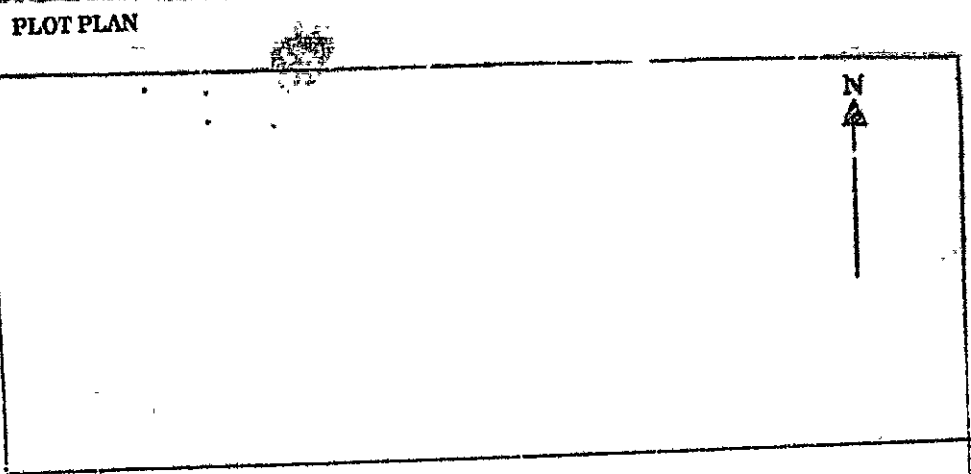
Size: _____

Area: _____

Square Footage: _____

and State Law

1993
 SITE PLAN
 Division



RESERVATION
 Not Landmark
 Base Fee
 Subdivision
 Site Plan
 Other Fee
 Late Fee

FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	35 -			
Subdivision Fee \$				
Site Plan Review Fee \$		Inspection Record		
Other Fees \$		Type	Date	
(Explain)				
Late Fee \$				

COMMENTS Completed

COMMENTS
 of Occupancy has been denied by Electrical Inspector
 of correction of pre existing service. NEMA

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter the premises at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Thomas P. Waddell
 SIGNATURE OF APPLICANT ADDRESS
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Signature of Applicant *Thomas P. Waddell* Date *7-16-90*

500-200-0107

Type	Inspection Record	Date

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to conform to all applicable laws of this jurisdiction. In addition, I hereby certify that I have the authority to enter areas covered by such permit at any time.

Electrical Inspector
CERTIFICATION
30412
MAC



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

July 18, 1990

The Thaxter Co.
 P.O. Box 721
 Portland, ME 04112

Re: Tenth floor - One Commercial Building

Dear Sir:

Your application to make interior renovation work on the Tenth floor of the One Commercial Building has been reviewed and a permit is hereby issued, subject to the following conditions:

- No certificate of occupancy can be issued until all repairs and alterations are met.
- All carpet replacement shall meet 90% fire resistance.
- All ceiling replacement shall be equal or better than existing ceiling for fire resistance.

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

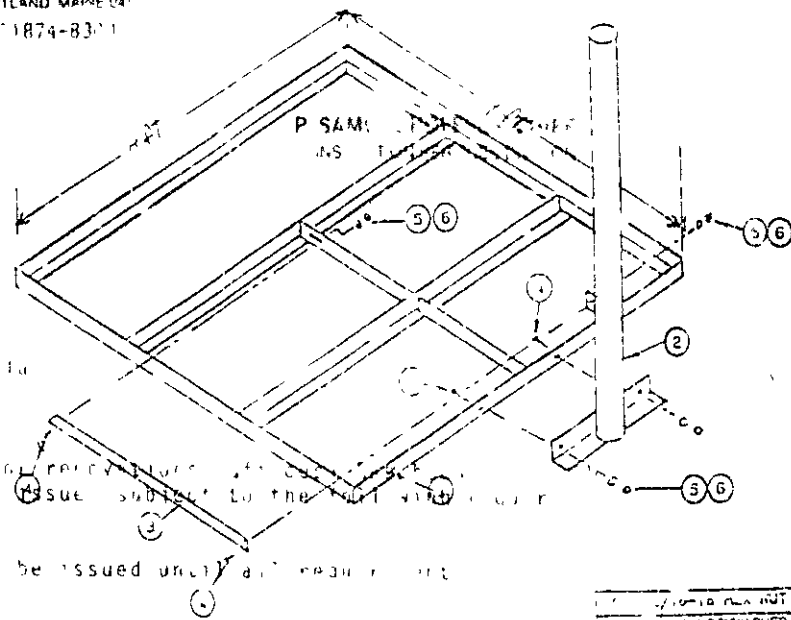
Sincerely,

[Signature]

CITY OF PORTLAND MAINE
 383 CONGRESS STREET
 PORTLAND MAINE 04112
 (207) 874-8311

B&P JOB #

SYMBOL	REVISIONS DESCRIPTION



1	CLOCKWASHER
2	DRACE ANGLE
3	MACE
4	FRAME

SYMBOL	DESCRIPTION
	PRODE
	CORPORA
	1.0/1 2M



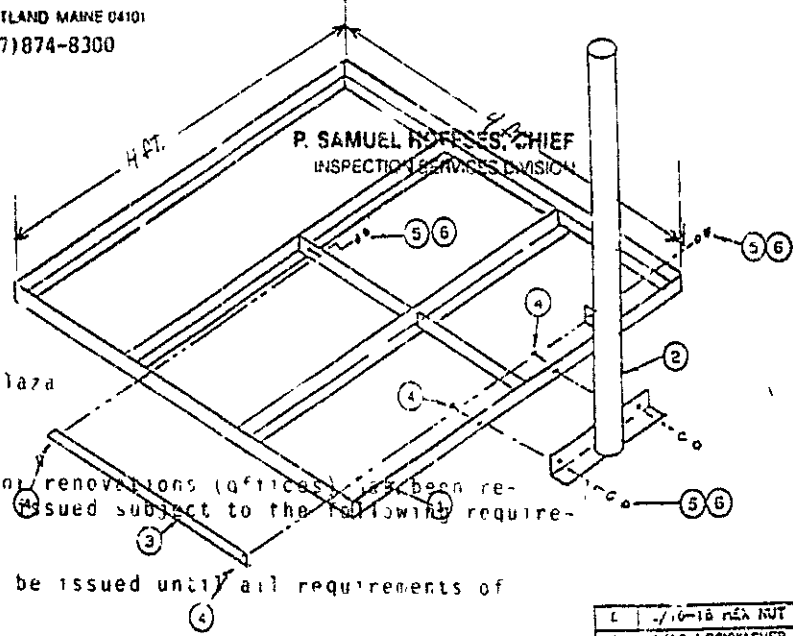
CITY OF PORTLAND MAINE
 389 CONGRESS STREET
 PORTLAND MAINE 04101
 (207)874-8300

B&P JOB # 92153-94

REVISIONS	
SYM.	DESCRIPTION

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

NO. 15, 11, 1990
 The Thayer Co.
 P.O. Box 7271
 Portland, ME 04112



Re: Second floor - One Canal Plaza
 NEAR SITE

Your application to make interior renovations (offices) has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. All carpet replacement shall meet DOCFF-1 requirements.

2. All ceiling replacement shall be equal or better than the existing ceiling for fire resistance.

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

4. THE PREFERRED BALLAST MATERIAL IS CONCRETE CAP BLOCKS. THESE BLOCKS MEASURE APPROXIMATELY 3-1/2" X 7-1/2" X 15-1/2".

5. IF MORE THAN 10 BLOCKS ARE REQUIRED, BEGIN A SECOND LAYER IN THE SAME ORDER AS THE FIRST.

6. IT IS STRONGLY RECOMMENDED THAT THE NPM BE SECURED TO SOME ROOF STRUCTURE WITH A SAFETY TETHER.

[Signature]
 P. Samuel Roffes
 Inspection Services
 L. E. Garroway, P.E.D.

1	3/16-18 HEX NUT	4	0191-007
2	5/16 LOCKWASHER	4	0202-022
3	5/8-13 X 1.69 BOLT	4	0013-008
4	BRACE ANGLE	1	0225-021
5	MAST	1	0400-103
6	FRAME	1	0400-102

ITEM	DESCRIPTION	REQ.	PART NO.
PRODELIN CORPORATION			
TITLE 1.0/1.2M NON-PENETRATING MAST MOUNT			
MATERIAL		FINISH	
<small>THIS PRODUCT IS A REGISTERED TRADEMARK OF PRODELIN CORPORATION. IT IS THE PROPERTY OF PRODELIN CORPORATION AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. ALL RIGHTS ARE RESERVED.</small>			
NEXT ASS'Y		CODE IDENT. NO. 0400107	
DRAWN 12/15/89	BY MJT	096-1.7	
CHECKED	BY		
DNCR	BY		
APCD	BY	SCALE: 1/4" = 1'-0" SHEET 1 OF 1	

91268

Permit # _____
 Please fill out any part

Owner: Key Sav

Address: 100 Ca

LOCATION OF CONSTRUCTION: Portland

Address: 302 11

Est. Construction Cost

of Existing Res Units

Building Dimensions

of Stories

Is Proposed Use: See

Explain Construction

Foundation:

1. Type of Soil
2. Set Backs
3. Footings
4. Foundation
5. Other

Floor:

1. Sills Size
2. Girder Size
3. Lally Columns
4. Joist Size
5. Bridging
6. Floor Sheathing
7. Other

Exterior Walls:

1. Siding
2. No. Wind
3. No. Floor
4. Header
5. Bridging
6. Corner
7. Insulation
8. Sheathing
9. Flashing
10. Masonry
11. Metal

Interior Walls:

1. Sliding
2. Header
3. Wall
4. Fire
5. Other

BENNETT & PLESS
INCORPORATED

Consulting Structural Engineers

900 Century Place
Suite 300
Atlanta, GA 30348

930 McCasle Ave
Suite 100
Chattanooga, TN 37405
615 756-7943

PERMIT APPLICATION

Zone _____ Map _____ Lot# _____

Permit No. _____

For Office Use Only

Issue Date: December 4, 1992

Project Code: _____

Owner: Mr. Jeff Feinberg

Project: Private Satellite Network, Inc.

Address: 215 Lexington Avenue
New York, New York 10016

Project Description: 17M Parabolic Antenna & 4x4' NPR
Vibrator Feeder

Site Plan: _____

Subdivisor: _____

Plat No. _____

Site Plan: _____

Subdivisor: _____

B&R Job No. 92153144

Dear Jeff:

Bennett & Pless, Inc. has evaluated the non-penetrating roof mount for the above referenced project. The mount with 768 pounds of ballast can be located on the roof as shown on the enclosed drawing, while providing adequate factors of safety against overturning and sliding for a wind speed of 85 miles per hour at a height of 130 feet above ground per ANSI/ASCE 7-88.

If you should have any questions or if we can be of further assistance, please do not hesitate to contact us.

Heating _____

Electric _____

Smoke Detector Required Yes _____ No _____

Plumbing _____

1. Approval of oil test if required Yes _____ No _____

2. Approval of Showers _____

3. Approval of Lavatories _____

4. Approval of Chert fixtures _____

Pools: _____

1. Type _____

2. Pool Size _____ Square Footage _____

3. Must conform to National Electrical Code and State Law

JEC 12 1992

CITY OF PORTLAND

Permit Received By _____

Signature of Applicant _____ Date _____

Signature of CEO _____ Date _____

Inspection Date _____

Yellow GPCOG White Tag-CEO

1/10/93

PERMIT ISSUED WITH REQUIREMENTS

City Tax Assessor

PLOT PLAN

N



FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	45-			
Subdivision Fee				
Site Plan Review \$				
Other Fees \$				
(Explain)				
Late Fee \$				

COMMENTS Tank is out 2/11/91

Signature of Applicant William A. Bussard Date 6-7-91

Date 11/June/91

Location One Canal Plaza

PERMIT ISSUED
WITH REQUIREMENTS

- (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations, Chapter 691.
- (2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- (3) Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

Maine Departmental of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17, Augusta, Maine 04333
Telephone: 207-289-2651
Attn: Tank Removal Notice

NOTICE OF INTENT
TO ABANDON (REMOVE) AN
UNDERGROUND OIL STORAGE FACILITY

Name of Facility Owner: Key Bank of Maine
Mailing Address: One Canal Plaza, Portland Telephone No: 874-7199
City: Portland State: ME Zip Code: 04112
Contact Person (name, address & telephone no.): Robert W. Emmons, One
Canal Plaza, Portland, ME 04112 - Tele. 874-7199
Name of Facility: Key Bank of Maine Registration No.: 18
Facility Location: One Canal Plaza, Portland, ME

1. Identify the tanks at this location which are to be removed:

<u>Tank Number</u>	<u>Age of Tank (Years)</u>	<u>Tank Size (Gallons)</u>	<u>Type of Product Most Recently Stored</u>
A. 18	20	10,000	#2 Fuel Oil
B.			
C.			
D.			

2. Directions to Facility (be specific):

Under driveway to driveup window for Key Bank at One Canal Plaza. Driveway is off of Union Street.

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes ___ No X (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: Portland Pump Company 883-4117

Certified Tank Installer Certification Number & Name (if applicable):

Professional Firefighter: Yes ___ No ✓ (Affiliation: _____)

5. Expected date of removal: 10.1 1991

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 5/8/91

Signature of Tank Owner or Operator

Robert W. Emmons, Facilities Mgr.
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL - RETURN POSTCARD WHEN TANK(S) HAS BEEN REMOVED.

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)**

STATE USE ONLY
DATE OF REGISTRATION: <u> / / </u>

1. REGISTRATION NUMBER: 18
(Complete only if a registration number has been previously assigned.)

2. FACILITY
INFORMATION

- A. Name: Key Bank of Maine
- B. Mail Address: One Canal Plaza
- C. Street Address: _____
- D. Town/City: Portland, ME
- E. Zip Code: 04112 F. Telephone: (207) 874-7199
- G. Directions to Site: _____
- H. Is at least one existing or planned tank (including piping and pumps) within 1000 ft. of a public water supply? Yes X No
- I. Is at least one existing or planned tank (including piping and pumps) within 300 ft. of a private water supply? Yes X No
- J. (Complete if the answer to (I) above is YES.) Is at least one water supply located within 300 feet of the tank(s) is owned by someone other than the facility owner or operator? Yes No
- K. Is the facility located on a significant sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes X No

(If you wish assistance in answering item (K), please call the Department at (207) 289-2651. Sand and gravel aquifer maps can be reviewed at any of the Department's offices or requested from the Maine Geological Survey, State House Station 22, Augusta, Maine 04333, (207) 289-2801.

NOTE: If the answer to item (H), (J) or (K) above is yes, the facility is in a sensitive geologic area. A new or replacement tank used for the marketing and distribution of oil in such an area requires secondary containment or ground water monitoring pursuant to 38 M.R.S.A. Section 546(C).

STATE USE ONLY			
Reviewer: _____	Date: _____	Map Number: _____	Comment: _____

- L. Facility Use (Check One):
- Wholesale Oil Distribution
- Retail Oil Distribution
- X Oil Storage at Commercial Establishment
- Oil Storage at Industrial Establishment
- Oil Storage/Single Residence
- Oil Storage/Multiple Residence
- Oil Storage/Farm
- Oil Storage/Public Facility (State or Local)
- Oil Storage/Federal Facility
- Chemical Storage

3. PERSON TO
CONTACT FOR
MORE
INFORMATION

- A. Name: Robert W. Emmons
- B. Mail Address: One Canal Plaza
- C. Town/City: Portland D. State: ME
- E. Zip Code: 04112 F. Telephone: (207) 874-7199

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS**
(Pursuant to 38 M.R.S.A. Section 563, 10 CFR Part 280)

Facility Name: One Canal Plaza
 Location (Town/City): Portland
 Owner: Key Bank of Maine

REGISTRATION NUMBER <u>18</u> (Complete ONLY if Registration Number has been previously assigned.)
--

4. TANK OWNER
 A. Name: Key Bank of Maine
 B. Mail Address: One Canal Plaza
 C. Town/City: Portland D. State: ME
 E. Zip Code: 04112 F. Telephone: (207) 874-7199

5. TANK OPERATOR
 A. Name: Plaza Realty Company
 B. Mail Address: One Canal Plaza
 C. Street Address: _____
 D. Town/City: Portland E. State: ME
 F. Zip Code: 04112 G. Telephone: (207) 773-6156

6. COMPLETE the next two pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility.

7. ENCLOSE a check for the applicable registration fee with this submittal made payable to "Treasurer — State of Maine" and return to the Department of Environmental Protection. Registration fees are applicable ONLY to active, new, or replacement tanks used for the marketing and distribution of oil. Registration fees are due upon registration and annually thereafter, prior to the first day of January. Fees are as follows:

_____ Tanks 6,000 gallons or under in size _____ \$25 per tank
 _____ Tanks over 6,000 gallons in size _____ \$50 per tank

8. MAKE TWO COPIES of this form. SUBMIT the original to the DEPARTMENT OF ENVIRONMENTAL PROTECTION (Bureau of Oil & Hazardous Materials Control, State House Station 17, Augusta, Maine 04333). SEND one copy to the LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN the third copy for your records. For new and replacement tanks, registrations are due at least five (5) business days prior to installation. Registrations for existing tanks are due prior to February 1, 1986.

9. CERTIFY THIS FORM BY SIGNING. By signing this form, the tank registrant certifies that all information is accurate and complete, and that they will comply with all applicable federal, state and local laws and regulations concerning the underground storage of petroleum or other hazardous materials. The owner or operator is required by Maine statute to file an amendment to this registration with the Department of Environmental Protection immediately upon any change in the information on this form.

5/8/91 Robert W. Emmons Facilities Manager
 Date Owner or Authorized Employee Title
 (Please PRINT or TYPE) (Please PRINT or TYPE)

Robert W. Emmons
 SIGNATURE

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS**

(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

Facility Name: One Canal Plaza

Location (Town/City): Portland Owner: Key Bank of ME

REGISTRATION NUMBER 18 (Complete ONLY if Registration Number was Assigned.)
--

10. IF NEW OR REPLACEMENT TANKS ARE INCLUDED WITH THIS REGISTRATION, PROVIDE:

A. Name of Installer: Portland Pump Company Scott LeLievre

B. Installer ID Number: 274

C. Expected Date of Installation: JUNE 10th, 1991

11. INDIVIDUAL TANK DATA (Complete one [L] line for each tank at the facility, including tanks planned for installation or replacement).

A. Tank Number	B. Tank Type	C. Piping Type	D. Tank Size	E. Form of Additional Protection for New and Replacement Wholesale or Retail Tanks in Sensitive Geologic Areas (Tanks and Piping)	F. Product Stored	G. Date Installed	H. Status	I. Date removed from active service (if applicable)	J. Amount of Product left in Tank (if applicable)
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) <u>Steel, with PG Jacket</u>	<input type="checkbox"/> Galvanized Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify) <u>DNV - Steel piping PG Jacket</u>	<u>10,000</u> Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input checked="" type="checkbox"/> Continuous Electronic Monitoring of Vapors <input checked="" type="checkbox"/> Secondary Containment <input checked="" type="checkbox"/> Ground Water Sampling <u>Tank level gauge</u> <u>Industrial meter</u>	GASOLINE FUEL OIL <input type="checkbox"/> Regular #1 #5 <input checked="" type="checkbox"/> Premium #2 #6 <input type="checkbox"/> Unleaded #4 #8 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	<u>1</u> (Mo) (Yr)	<input checked="" type="checkbox"/> Planned <input checked="" type="checkbox"/> Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	<u>1</u> (Mo) (Yr)	Gallons
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE FUEL OIL <input type="checkbox"/> Regular #1 #5 <input type="checkbox"/> Premium #2 #6 <input type="checkbox"/> Unleaded #4 #8 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	<u>1</u> (Mo) (Yr)	<input type="checkbox"/> Planned <input checked="" type="checkbox"/> Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	<u>1</u> (Mo) (Yr)	Gallons
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE FUEL OIL <input type="checkbox"/> Regular #1 #5 <input type="checkbox"/> Premium #2 #6 <input type="checkbox"/> Unleaded #4 #8 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	<u>1</u> (Mo) (Yr)	<input type="checkbox"/> Planned <input checked="" type="checkbox"/> Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	<u>1</u> (Mo) (Yr)	Gallons
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE FUEL OIL <input type="checkbox"/> Regular #1 #5 <input type="checkbox"/> Premium #2 #6 <input type="checkbox"/> Unleaded #4 #8 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	<u>1</u> (Mo) (Yr)	<input type="checkbox"/> Planned <input checked="" type="checkbox"/> Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	<u>1</u> (Mo) (Yr)	Gallons
	<input type="checkbox"/> Bare or Asphalt-coated Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized Steel <input checked="" type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (Specify)	Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE FUEL OIL <input type="checkbox"/> Regular #1 #5 <input type="checkbox"/> Premium #2 #6 <input type="checkbox"/> Unleaded #4 #8 <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Diesel <input type="checkbox"/> Chemical (Specify) <input type="checkbox"/> Other (Specify)	<u>1</u> (Mo) (Yr)	<input type="checkbox"/> Planned <input checked="" type="checkbox"/> Active <input type="checkbox"/> Out-of-Service <input type="checkbox"/> Abandoned in place (filled with inert material) <input type="checkbox"/> Planned for removal	<u>1</u> (Mo) (Yr)	Gallons

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)**

Facility Name: One Canal Plaza

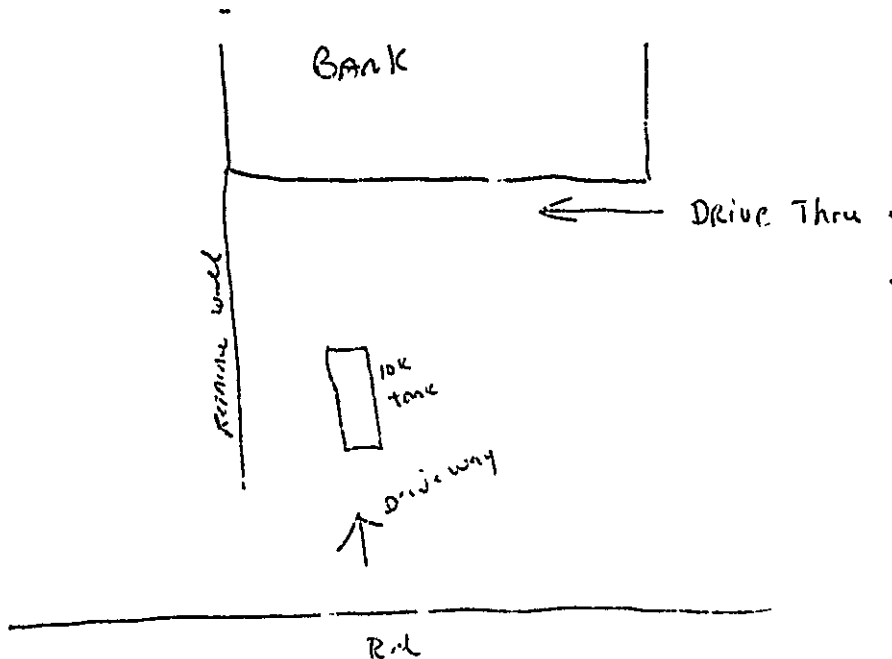
Location (Town/City): Portland

Owner: Key Bank of Maine

REGISTRATION NUMBER

(Complete ONLY if Registration Number has been previously assigned.)

12. If this registration involves replacing tanks or installing tanks, ATTACH a drawing of the facility showing the location of tanks (and piping) to be installed and any existing tanks. USE the space below for a sketch. If no drawing already exists, THE FORM OF ADDITIONAL PROTECTION for tanks used for marketing and distribution of oil in sensitive areas should be detailed on the drawing. MONITORING WELL LOCATIONS should be provided for all tanks greater than 1,100 gallons that are used for on-site consumption of oil.



PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3825

PROPERTY ADDRESS	
Town Or Plantation	Portland
Street	Middle
Subdivision Lot #	
PROPERTY OWNERS NAME	
Ban Bank (Name & Address)	
Last:	First:
Applicant Name	
The Blake Co.	
Mailing Address of Owner/Applicant (if Different)	
6th Floor Bm Building Canal Plaza	

PORTLAND	PERMIT # 3,059	TOWN COPY
DATE 09/13/88	\$16	DATE
Signature of Applicant		L.P.I. #
Local Plumbing Inspector Signature		

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a reason for the Local Plumbing Inspector to deny a Permit.

Thomas Blake
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

SEP 20 1988
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p>SEP 14 1988</p>	<p>Type Of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <i>Office Bld.</i></p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <i>015111</i></p>

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Micoock		Bathtub (and Shower)
			Floor Drain		Shower (S., -rate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
				1	Total Fixtures
				\$ 6.-	Fixture Fee
				\$	Hook-Up Fee
				\$ 6.-	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

924475

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$35. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Kidder, Prabody Phone # 773-1721
Address: One Canal Pl- Ptld, ME 04112
LOCATION OF CONSTRUCTION One Canal Plaza
Contractor: Communications Link Sub: 508-788-0909
Address: R 770 Water St- Phone # _____
Est. Construction Cost: \$3000 Framingham, MA 01701 Proposed Use: office bldg w satel antenna
Past Use: _____
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: 22 # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion Install satellite antenna - roof

For Official Use Only

Date 12/14/92 Subdivision: _____
Inside Fire Limits _____ Name: _____
Bldg Code _____ Lot: DAN-13-1993
Time Limit _____ Ownership: _____ Public _____
Estimated Cost 3000 City _____ Private _____

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

Floor: Prop Owner: Plaza Realty
One Canal Pl
Ptld, ME 04101 Sills must be anchored.
1. Sills Size: _____
2. Jirdor Size: _____
3. Lally Column Spacing: _____ Siz: _____
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 _____

Zoning: Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ 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) _____

Ceiling: Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____ Requires Review _____
5. Ceiling Height _____

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

Chimneys: Type _____ Number of Fire Places _____
Signature: _____

Heating: Type of Heat: _____
Electrical: Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
1. Approval of all test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
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 Louise E. Chase

Signature of Applicant Thomas W. Weddleton Date 12-14-92
CEO's District Thomas Weddleton

CONTINUED TO REVERSE SIDE

[2] Hugh Irving White - Tax Assessor

Ivory Tag - CEO

HISTORIC PRESERVATION

Not in District nor Landmark.
Does NOT require review.

Requires Review

Approved with Conditions

Signature: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

7/27/92

Date 7/27/92, 19
 Receipt and Permit number 330

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: One Canal Pl- 4,5,7 floors
 OWNER'S NAME: Plaza Realty ADDRESS: _____

OUTLETS:	FEE
Receptacles <u>100</u> Switches <u>20</u> Plugmold _____ ft. TOTAL <u>120</u>	<u>24.00</u>
Incandescent _____ Fluor.scent <u>100</u> (not strip) TOTAL <u>100</u>	<u>20.00</u>
Strip Fluorescent _____ ft.	_____
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of) _____	
Fractional _____	
1-HP. or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-18.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 44.00

INSPECTION:
 Will be ready on _____, 19____; or Will Call X
 CONTRACTOR'S NAME: Corey Elect
 ADDRESS: Read St- Ptd
 TEL.: 775-1380
 MASTER LICENSE NO.: Stephen Corey #03630 SIGNATURE OF CONTRACTOR:
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

930295

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 60.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Key Bank Pch # _____

Address: 1 Canal Plaza

LOCATION OF CONSTRUCTION 1 Canal Plaza (5th fl) Kidder Peabody

Contractor: RDS Inc. Sub: _____

P.O. Box 15234 Pchd, ME 04101
Address: _____ Phone # 772-5367

Est. Construction Cost: 8,000.00 Proposed Use: Office w/reno

_____ Past Use: Office

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: <u>April 21, 1993</u>	Sub-division: _____
Inside Vire Limits _____	Name: <u>APR 27 1993</u>
Blgd Code _____	Lot: _____
Time Limit _____	Ownership: _____
Estimated Cost _____	Priority: _____

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 Exception _____
Other: WDA 4-26-93

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: _____ C.C.
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 _____ Not a District Est. landmark.
3. Type Ceiling: _____ Does not require review.
4. Insulation Type _____ Size _____ Requires Review.
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span Action: Approved
2. Sheathing Type _____ Size _____ Approved with 1/2" sheathing
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____ Date: 4/21/93

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 _____

Swimming Pools:

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

Permit Received By Mary Gresik

Signature of Applicant [Signature] Date April 21, 1993

Signature of CEO [Signature] Date _____

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag -CEO [Signature] Copyright GPCOG 1988

1.2 M PRODELIN ANTENNA

AND 4' x 4' NPR

ANSI/ASCE 7-88
EXPOSURE "B"

DEC 1 1992

DEPT OF ICE AND INSPECTIONS
CITY OF PORTLAND

Handwritten signature

$V = 85 \text{ MPH}$

$H = 130 \text{ FT}$

$A = 12.2 \text{ SF}$

$C_f = 1.28 \text{ (NPL REPORT CP-3)}$

$\mu = 0.5$

$W_{\text{ant}} = 7106 \text{ lbs.}$

$K_z = 0.96$

$G_z = 1.27$

$I = 1.05 \text{ (HURICANE COAST)}$

$q_z = 0.00256 K_z (V)^2 = 0.00256 (0.96) (1.05 \times 85)^2 = 19.6 \text{ PSF}$

$F = q_z G_z C_f A = (19.6) (1.27) (1.28) (12.2) = 388.2 \text{ lbs.}$

Sliding

Ballast Req'd = $\frac{F}{\mu} - W_{\text{ant}} = \frac{(388.2)}{0.5} - 7106 = 670 \text{ lbs.}$

Overtipping FS = 1.50, $l = 3.00'$, $l_r = 2.00'$

GOVERNS

Ballast Req'd = $\frac{(FS)(F)(l)}{2l_r} - W_{\text{ant}} = \frac{(1.50)(388.2)(3)}{2} - 7106 = 768 \text{ lbs.}$

768 lbs

LOADING

ANTI. = $768 + 106 = 874 \text{ # (CONCENTRATED LOAD)}$

SNOW = $0.7 (60 \text{ PSF}) = 42 \text{ PSF}$

DL = $4\frac{3}{4}" \text{ LT. WT. CONC SLAB} + \text{FRAMING} + \text{ROOFING} + \text{INSUL} + \text{CEILING} + \text{MISC.}$
= $45.5 \text{ PSF} + 25 \text{ PSF} + 6 \text{ PSF} + 2 + 2 + 2$
= 60 PSF

BENNETT & PLESS
INCORPORATED

KIDDER PEABODY - PORTLAND, ME

job # 92153.44
date 12-04-92
by ES

sheet # 3
of 3

CHECK W12x19/14 COMPOSITE BEAM FOR ADDED LOAD

SPAN = 24'

TRIB WIDTH = 8'

SLAB THICK. = 4 3/4"

$F_c = 3$ KSI

$n = 9$

WT. = 115 PCF

$F_y = 36$ KSI

* CONC. HARDENED; THEREFORE,
ONLY ANALYZE TOTAL LOADS
IN PLACE + ADDED LOAD.

$V_{max} = \frac{874^{\#}}{2} + \frac{42(8)(24)}{2} + \frac{60(8)(24)}{2} = 4469^{\#} + 5760^{\#} = 10,229^{\#}$

$M_{max} = \frac{874(24)}{4} + \frac{42(8)(24)^2}{8} + \frac{60(8)(24)^2}{8} = 29,436 + 34,560 = 63,996^{\#}$

$S_{REQ'D} = \frac{63,996(12)}{166(36,000)} = 32.3 \text{ in}^3$

$b_c = \frac{24 \times 12}{4} = 72'' \leftarrow$ GOVERNS

OR

$b_c = 8 \times 12 = 96''$

OR

$b_c = 16(4.75) - 4.005 = 80''$

$S_b = 39 \text{ in}^3 > 32.3 \text{ in}^3$ BENDING OK

$F_v = \frac{10,229^{\#}}{(12)(6)(0.220)} = 38,23.6 \text{ PSI}$

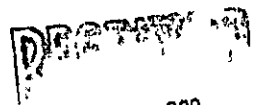
$F_v = 0.4(36,000) = 14,400 \text{ PSI} > 38,23.6 \text{ PSI}$ SHEAR OK

$\Delta_{LL} = \frac{29,436(24)^2}{160(548)(1000)} = 0.19''$

$\Delta_{ALLOW} = 1/360 = \frac{24 \times 12}{3 \times 360} = 0.80'' > 0.19''$ DEFLECTION OK

$2V_h = (5.57)(36) = 200.5^k$

$N = \frac{200.5}{9.5} = 21$ STUDS REQ'D FOR FULL COMPOSITE > 14 SUP'LD
NO GOOD, CHECK PARTIAL COMPOSITE.



DEC 1992

PORTLAND

BENNETT & PLESS
INCORPORATED

Job name KIDDER PEABODY - PORTLAND, ME

Job # 9215344
date 12-04-92
by ES
chk'd.

sheet # 2
of 3

$$V_h' = 131 \left(\frac{32.3}{21.3} - 1 \right)^2 = \underline{34.9^k}$$

$$2V_h' = 2(34.9) = \underline{69.8^k}$$

$$N = \frac{69.8^k}{9.5} = \underline{8 \text{ STUDS. REQ'D. } < 14 \text{ SUPPL'D}}$$

PARTIAL COMPOSITE
OK

*RECHECK DEFLECTION FOR PARTIAL COMPOSITE

$$I_{eff} = 130 + \sqrt{\frac{69.8}{100.25}} (340 - 130) = \underline{305.2 \text{ in}^4}$$

$$\Delta_{ALL(PARTIALS)} = \frac{340.0}{305.2} (0.119) = \underline{0.21''} < 0.80''$$

DEFLECTION
OK

RECEIVED

DEC 1 4 1992

PORTLAND
CITY OF PORTLAND

BENNETT & PLESS
INCORPORATED

job name KIDDER PEABODY - PORTLAND, ME

job # 215344
date 12-01-92
by E.S.
check'd.

sheet # 3
of 3

SPECIFICATIONS

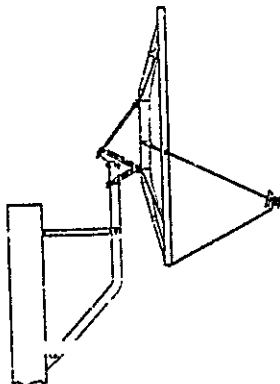
BEP SOB # 92153.44

ELECTRICAL					
Antenna Size	60CM	75CM	90CM	1.0M	1.2M
Operating Frequency	11.7 - 12.2 GHz				
Midband Gain (\pm 2dB)	35.8 dBi	37.7 dBi	39.3 dBi	40.2 dBi	41.7 dBi
3dB Beamwidth	2.8°	2.3°	1.9°	1.7°	1.4°
First Sidelobe (Typical)	-23dB				
Cross-Pol Isolation	>30 dB on Axis				
VSWR	1.3:1 Max				
Antenna Noise Temperature					
at 20° Elevation	36°K	34°K	30°K	29°K	28°K
at 30° Elevation	32°K	30°K	27°K	25°K	23°K
Feed Interface	Rectangular WR75, circular C120 or WC75				

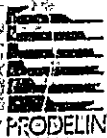
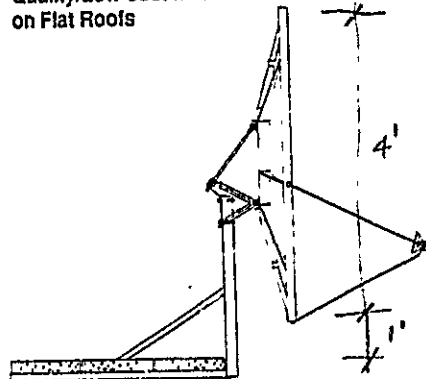
MECHANICAL	
Reflector Material	Glass Fiber Reinforced Polyester SMC
Antenna Optics	Prime Focus, Offset Feed
Mount Types	Elevation over Azimuth
Elevation Adjustments Range	10° to 70°, Continuous Fine Adjustment
Azimuth Adjustment Range	360° Continuous

ENVIRONMENTAL PERFORMANCE	
Wind Loading (Operational)	45 mph
(Survival)	100 mph
Temperature (Operational)	-40° to 140°F
(Survival)	-50° to 160°F
Atmospheric Conditions	Salt, Pollutants and Contaminants as encountered in coastal and industrial areas
Solar Radiation	360 BTU/h/ft ²

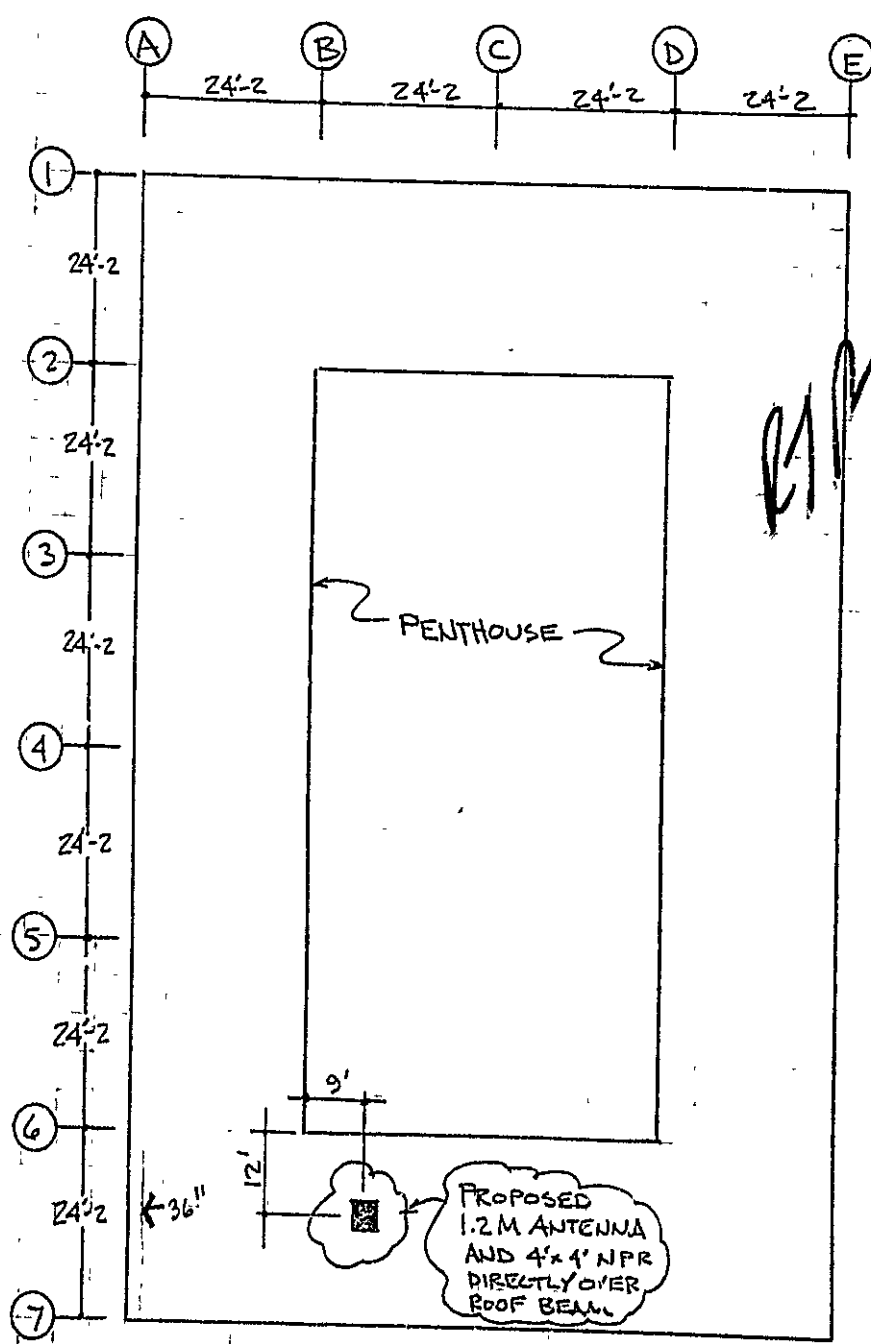
Wall Mount Unit
Universal Tripod-For Sidewall Mounting



Non-Penetration Roof Mount
Non-Penetrating Roof Mount-Commercial
Quality/Low-cost Installation
on Flat Roofs



PO Box 368 • 1700 NC Cable Drive • Conover NC 28613 • 704/464-4141 • Fax 704/464-5725



BENNETT & PLESS
INCORPORATED

Job name KIDDER PEARBODY - PORTLAND, ME

Job #	<u>92153 44</u>	Sheet #	<u>1</u>
Date	<u>12-04-92</u>		
By	<u>ES</u>		
chk'd.		of	

923923

Permit # City of Portland BUILDING PERMIT APPLICATION Fee 755⁵⁰ Zone Map # Lot #

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

PERMIT ISSUED
 Name: JUL 16 1992
 Lot:
CITY OF PORTLAND

Owner: Key Bank of Ma Executive Office Phone #

Address: One Canal Plaza Seventh Floor

LOCATION OF CONSTRUCTION: One Canal Plaza 4,5,7th Floors

Contractor: The Pochebit Co. * M.J. White Sub:

Address: 844 Stevens Ave. Phone # 797-3369

Est. Construction Cost: 147,000 Proposed Use: comm office bldg

Past Use: comm office bldg

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 interior renovations

For Official Use Only
 Date: 7/10/92 Subdivision:
 Inside Fire Limits Name:
 Bldg Code Lot:
 Time Limit Ownership: CITY OF PORTLAND
 Estimated Cost

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 Exception
 Other (Explain)

HISTORIC PRESERVATION

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
 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

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

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Permit No. FOR
 Signature of
 Date
 Mike White

CONTINUED TO REVERSE SIDE

White - Tax Assessor

MS Ivory Tag - CEO

PLEASE CALL TO

PLOT PLAN

1-6-93 - 4th flr of 7th all the renovation work is completed
 5th flr work still in progress - is about 90% completed



FEES (Breakdown From Front)

Base Fee \$ _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type		Inspection Record	
Type	Date	Type	Date
Progress Insp	7/23/92	N/S	7/23/92
			7/24/92
			8/1/92

COMMENTS 7/23/92: Nothing visibly started anywhere as 4-5-7 flrs: 9/16/92
 7th flr will be completed in about 1 wk -
 5th flr is about 1/2 done - 5th flr, not even started yet.
 All done except fire alarm on 5th flr.

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 has authorized agent and 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT: M. A. [Signature] ADDRESS: THE PROMETHEUS INC 844 SEVEN AVENUE PHONE NO.: 797-3369

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE NO.: _____

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

July 16, 1992

Mr. Mike White
The Pichebit Co.
844 Stevens Avenue
Portland, ME

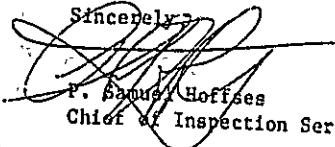
Re: One Canal Plaza
4th, 5th & 7th floors

Dear Mr. White,

1. Emergency lighting shall be provided in the 7th floor "hall" space.
2. Smoke detection shall be provided for hall/corridor spaces on both the 4th and 5th floors.
3. Fire detectors shall be provided inside each space of the 4th and 5th floors - rate of rise detectors as a minimum. Smoke detection is acceptable, but the Portland Fire Department reserves the right to require changes should there be problems with chronic false alarms due to dust, smoking, or moisture problems.
4. Stairway enclosure doors shall be 1 1/2 hour fire resistance rated fire doors with labeled jams.
5. The doors to closets 724 and 725 shall be self-closing to avoid the possible reduction of width of the path of travel between the doors and the adjacent files.

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

Sincerely,


S. P. Hoffses
Chief of Inspection Services

cc: LT W. Garroway, FPB

930538

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$125 Zone B-3 Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Key Bank of Maine Phone # 874-7000
 Address: One Canal Plaza; Ptd, ME 04112
 LOCATION OF CONSTRUCTION One Canal Plaza
 Contractor: The Pochebit Co, Inc Sub: 797-3369
 Address: 844 Stevens Ave- Ptd Phone # ME 04103
 Est. Construction Cost: 20,500 Proposed Use office bldg -
 Past Use: office bldg
 # 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 Totally gut the interior- plaza level; only-
 (for future renovations)

For Official Use Only

Date 6/22/93 Subdivision _____
 Inside Fire Limits _____ Name JUN 23 1993
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership _____
 Estimated Cost 20,500 Public _____
CITY OF PORTLAND

Zoning: Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Sheraland 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 _____

Dumpster permits: 30-0122 30-0128
30 30-0129
 Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____ 30-0130
 3. Lally Column Spacing: _____ 30-0131
 4. Joists Size: _____ Spacing: 16" O.C.
 5. Bridging Type: 30-0127 Size: 30-0132
 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. V all Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____ 1 Does not require review.
 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 _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.
 Permit Received By Louise E. Chase

Signature of Applicant: Walter Pochebit Date 6-22-93

Signature of CEO: Walter Pochebit Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

© Copyright GPCOG 1988

930658

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$3270 Zone _____ Map # _____ Lot# _____

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

Owner: Key Bank of Maine Phone # _____
 Address: One Canal Plaza- Ptl'd, ME 04101
 LOCATION OF CONSTRUCTION One Canal Plaza - (street level)
 Contractor: Pochebit Co. Sub: 797-3369
 Address: 844 Stevens Ave- Ptl'd, ME Phone # 04103
 Est. Construction Cost: XXXX Proposed Use: office bldg w inter
650,000 Past Use: office bldg
 # 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 interior renovations - plaza level

PERMIT ISSUED
 For Official Use Only
 Date: 7/22/93 Subdivision: _____
 Inside Fire Limits: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: 650,000
 City of Portland
 Zoning: R3 PAD
 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) _____
7-28-93

Foundations: - dumpster permit stickers purchased on permit # 93/0538 ; issued 6/23/93

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: (by Pochebit Co)
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 _____
 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 _____
- Swimming Pools:
1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
- _____ conform to National Electrical Code and State Law.

PERMIT ISSUED WITH LETTER

Approved By: Louise E. Chase
 Applicant: Scott W. Hagan Date: 7-22-93
 Signature of CEO: _____ Date: _____

Inspection Dates: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 5/7/93, 19__
 Receipt and Permit number 3048

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:
 LOCATION OF WORK: One Canal Plz- 5th fl
 OWNER'S NAME: Kidder, Peabody ADDRESS: _____ FEES

OUTLETS: Receptacles 6 Switches _____ Plugmold _____ ft. TOTAL 6 1.20

FIXTURES: (number of) Incandescent _____ Fluorescent 1 (not strip) TOTAL 120
 Strip Fluorescent _____ ft.

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..

METERS: (number of) _____

MOTORS: (number of) Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____
 TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____
 Transformers _____
 Air Conditioners Central Unit _____
 Separate Units (windows) _____
 Signs 20 sq. ft. and under _____
 Over 20 sq. ft. _____
 Swimming Pools Above Ground _____
 In Ground _____
 Fire/Burglar Alarms Residential _____
 Commercial _____
 Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Lights, battery _____
 Emergency Generators _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 15.00

minimum fee

INSPECTION: Will be ready or _____, 19__; or Will Call X
 CONTRACTOR'S NAME: Associated Elect
 ADDRESS: Box 8247 Ptd
 TEL.: 883-5461
 MASTER LICENSE NO.: #C3048 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

James Talbot

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

