

Permit # **990733** City of Portland BUILDING PERMIT APPLICATION Fee \$520 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Preble Street Resource Center Phone # 781-3217  
 Address: Theriault Ave - 170 # rte 1 - Falmouth, Me 04105  
 LOCATION OF CONSTRUCTION: 225 Oxford St.  
 Contractor: C F Murray Co. Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: 1000,000 Proposed Use: social services  
 Past Use: empty space  
 # of Existing Res. Units \_\_\_\_\_ # New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion: interior renovations - lower level

**PERMIT ISSUED**  
 For Official Use Only  
 Date: 8/11/93 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Name: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_ L: 8/11/1993  
 Time Limit: \_\_\_\_\_ Ownership: \_\_\_\_\_ Public  
 Estimated Cost: 100,000 **CITY OF PORTLAND**

Zoning: 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: \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: WDA - 781-3217

Foundation: Dump Permit: 07068 -- s-avle  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footing Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other: \_\_\_\_\_

Floors: 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: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_  
 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. Sliding Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Sliding 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. \_\_\_\_\_ if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

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

Roof: 1. Truss or Rafter Size \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_  
 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: \_\_\_\_\_

**PERMIT ISSUED**  
**DATE ENTERED**

**PERMIT ISSUED**  
 Square Footage \_\_\_\_\_  
**WITH LETTER**

Signature of Applicant: David Landmann Date: 8/11/93  
 Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_ Tag - CEO \_\_\_\_\_

CITY OF PORTLAND, MAINE  
Department of Building Inspection



# Certificate of Occupancy

LOCATION 225 Oxford St.

Issued to Preble Resource Center Date of Issue: 11/2/93

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 93/0733, 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

right side; lower level - only

social services

### Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

11/2/93

(Date)

Carl A. Nelson  
Inspector

Richard J. Hoff  
Inspector of Buildings

Notice: 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 a dollar.

080733

Permit # 080733 City of Portland BUILDING PERMIT APPLICATION Fee \$520 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.  
Owner: Prable Street Phone # 31-3217  
Address: Theriacit Area - 170 Arto 1 - Fa. mouth, ME  
LOCATION OF CONSTRUCTION: 1/4 Fir St. 04105  
Contractor: C. F. Murro Sub \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Est. Construction Cost: 100,000 Prop. and Use: social services  
# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Total Site \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion: interior renovations - lower level

For Official Use Only  
Date: 8/11/93  
Inside Fire Limits \_\_\_\_\_  
Blg. Code \_\_\_\_\_  
Estimated Cost: 100,000  
PERMIT ISSUED  
AUG 17 1993  
CITY OF PORTLAND

Foundations: Common Permits: 07068 - s-axis  
1. Type of Soil: \_\_\_\_\_  
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
3. Footings Size \_\_\_\_\_  
4. Foundation Size \_\_\_\_\_  
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 Size \_\_\_\_\_ 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 Size \_\_\_\_\_ Span(s) \_\_\_\_\_  
3. Wall Covering Type \_\_\_\_\_  
4. Fire Wall if required \_\_\_\_\_  
5. Other Materials \_\_\_\_\_

Celling:  
1. Ceiling Joists Size \_\_\_\_\_  
2. Ceiling Strapping size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
5. Ceiling Height \_\_\_\_\_  
Roof:  
1. Truss or Rafters Size \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_  
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: \_\_\_\_\_

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Signature of Applicant: \_\_\_\_\_ Date: 8/11/93  
Signature of CEO: David Landmann Date: \_\_\_\_\_  
Inspection Dates: \_\_\_\_\_

White-Tax Assessor \_\_\_\_\_ Yellow-GPCOG \_\_\_\_\_ White-Tag-CEO \_\_\_\_\_  
© Copyright GP20G 1988

PLOT PLAN

N  
↑

**FEES (Breakdown From Front)**

Base Fee \$ 580-

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Inspection Record		Date	
Type			
Pat/Post come New		9/11	1993
window installed - m/w			
<i>[Signature]</i>			
<i>[Signature]</i>			

COMMENTS

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Signature of Applicant *[Signature]*

Date 9/11/93

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

August 17, 1993

RE: 225 Oxford St. Portland

Preble Street Resource Ctr.  
c/o Theriault  
170 U.S. Rt. 1  
Falmouth, ME 04105

Dear Sir:

Your application to make interior renovations (Lower Level), has been reviewed and a permit is herewith issued subject to the following requirement:

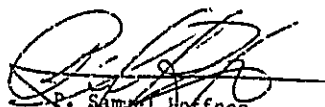
No Certificate of Occupancy can be issued until all requirements of this letter are met.

REQUIREMENTS

All kitchen hood vent system shall be installed in accordance with N.F.P.A. 96.

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

Sincerely,

  
Samuel Hoffses  
Chief of Inspection Services

/e/

cc. LT. Gaylen McDougal, Fire Prevention Bureau