

923803

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 3.00 Zone _____ Map _____

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

Lot# _____
PERMIT ISSUED

Owner: Halfway House Inc. Phone # 774-6021

Address: 5 Grant St

LOCATION OF CONSTRUCTION 5 Grant St. Prld

Contractor: Warren Construction Sub: _____

Address: 20 Main St. So. Windham, Me Phone # 892-2541

Est. Construction Cost: \$3,000.00 Proposed Use: Interior renovations

Past Use: Interior renovations

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

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Sts. lcs: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Co minimum _____ Conversion _____

Explain Conversion interior renovations - stairs

For Official Use Only

Date: 6/2/92 Subdivision: _____
 Inside Fire Limits: _____ Name: _____
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Owner: _____
 Estimated Cost: 3000

CITY OF PORTLAND

JUN 19 1992

Zoning: R-1
 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) WDA = 206-5-92

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other: _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Grid Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Other Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

Colling:

- Ceiling Joists Size: _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceilings: _____
- Insulation Type _____ Size _____
- Colling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector: Required Yes _____ No _____

Plumbing:

- Approval of soil test if required Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____ Square Footage _____
- Must conform to International Electrical Code and State Law.

Signature of Applicant Mark Warren Date 6/2/92

CEO's District 5

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

5/11/92

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 35-
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
<i>Inspected this</i>	____/____/____
<i>with no issues</i>	____/____/____
<i>work completed</i>	____/____/____
	____/____/____
	____/____/____
	____/____/____

COMMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as 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.

Mark Warren 20 Main St. So. Windham
 SIGNATURE OF APPLICANT ADDRESS

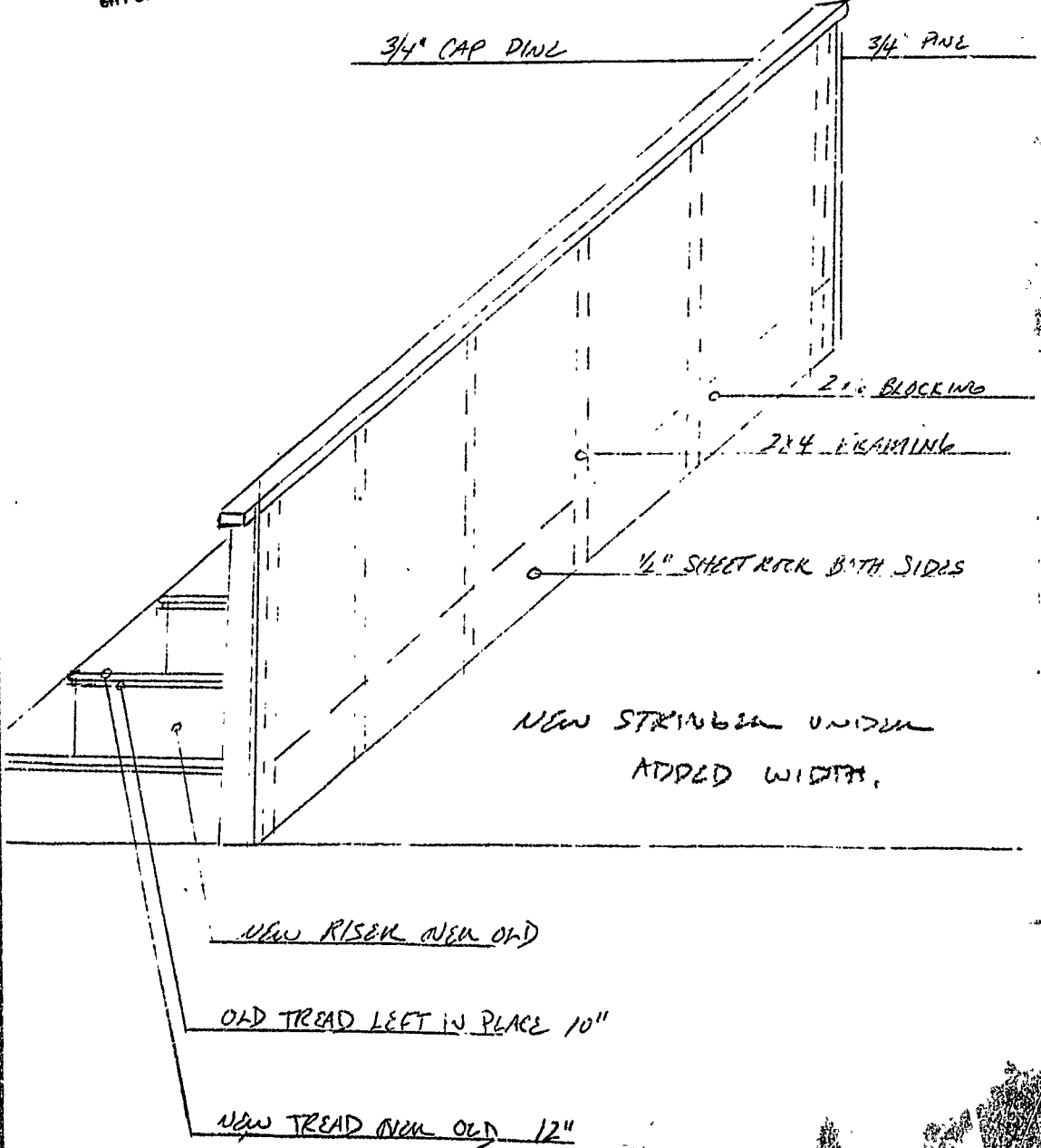
MARK WARREN
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

892-2641
 PHONE NO.
STONE
 PHONE NO.

RECEIVED

JUN 0 2 1992

DEPT. OF BUILDING AND PERMITS
CITY OF PORTLAND



BUILDING PERMIT REPORT

ADDRESS: 5-7 Grant St.

DATE: 19 June 1992

REASON FOR PERMIT: TO MAKE INTERIOR RENOVATIONS - STAIRS.

BUILDING OWNER: Halfway House Inc.

CONTRACTOR: Warren Construction

PERMIT APPLICANT: ' 11 ' 11

APPROVED: *9 *12

CONDITION OF APPROVAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 74).

314-2691

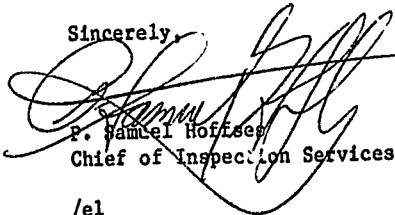
8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

*9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening. Handrails on stairs shall be no less than 34 inches nor more than 38 inches. Handrails within individual dwelling units shall not be less than 30 inches nor more than 38 inches.

10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

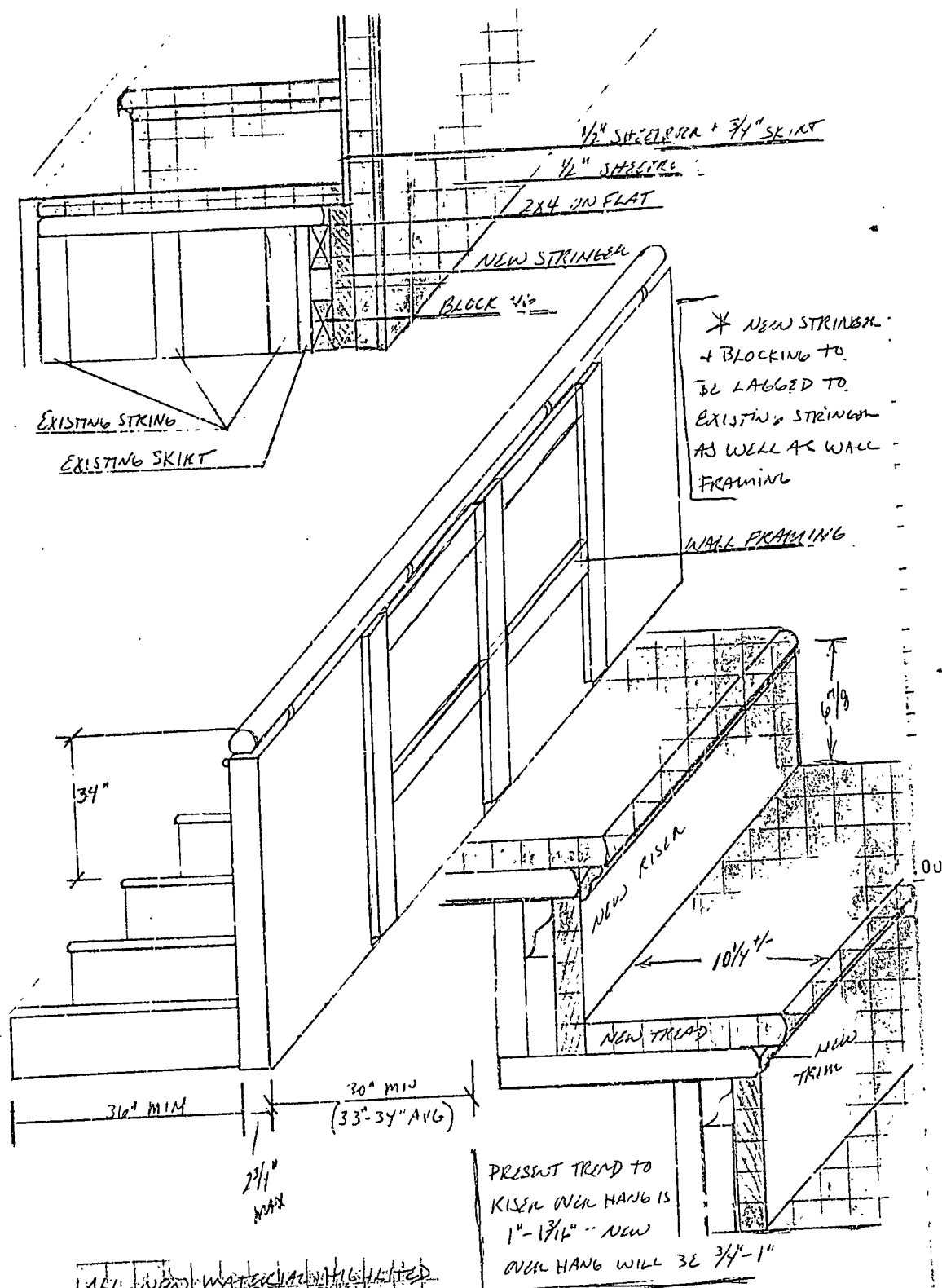
Sincerely,



P. Samuel Hoffsee
Chief of Inspection Services

/el
11/16/88
11/27/90
8/14/91

*12 - Handrails shall be 1 1/4" to 2" in circular cross-section and the ends shall be returned to the wall, floor or newel post.



* NEW STRINGER + BLOCKING TO BE LAGGED TO EXISTING STRINGER AS WELL AS WALL FRAMING

PRESENT TREAD TO RISE OVER HANG IS 1" - 1 3/16" ... NEW OVER HANG WILL BE 3/4" - 1"

ALL NEW MATERIAL HIGHLIGHTED

MARK WARRER / PHAROS HSE 5-7 GRANT ST. 892-2641



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 3/24/93, 19
 Receipt and Permit number 3580

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: 5 Grant St.
 OWNER'S NAME: Halfway House Inc. ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>1</u> Switches <u>2</u> Plugmold _____ ft. TOTAL <u>3</u>60
FIXTURES: (number of)	
Incandescent <u>1</u> Fluorescent _____ (no. strip) TOTAL <u>1</u>20
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 (enclt) _____
TOTAL <u>1</u>	2.00
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	
INSTALLATION FEE DUE:	
DOUBLE FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	15.00
	minimum fee

INSPECTION:
 Will be ready on _____, 19__; or Will Call _____
CONTRACTOR'S NAME: Gerry's Elect
ADDRESS: Box 5148 - Ptld
TEL.: 773-5897
MASTER LICENSE NO.: Gerry Cicardo **SIGNATURE OF CONTRACTOR:** G. Cicardo
~~LIMITED LICENSE NO.~~ #03580

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

PERMITS: Service by

Service called in

Closing in

PLUMBING INSPECTIONS

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering
(207) 289-3822

Permit Number: 5
Location: 5
Town: PORTLAND
Subdivision Lot #: 15
PROPERTY OWNERS: [Handwritten Name]
Last: [Handwritten Name] First: [Handwritten Name]
Applicant Name: [Handwritten Name]
Mailing Address of Owner/Applicant (if Different): [Handwritten Address]

Final Inspection Date: 3-24-03
Permit Application No. 3-24-03
Registration No. [Handwritten]

PLUMBING INST. 4745
TOWN COPY
L.P.I. # 0123
Local Plumbing Inspector Signature: [Handwritten Signature]
Chief Plumbing Inspector

REMARKS

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 the Local Plumbing Inspector to deny a permit.

Signature of Owner/Applicant

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

[Handwritten Signature: Marland Wing]

PERMIT INFORMATION

This Application is for:

NEW PLUMBING

RELOCATED PLUMBING

Type Of Structure To Be Served:

SINGLE FAMILY DWELLING

MODULAR OR MOBILE HOME

MULTIPLE FAMILY DWELLING

OTHER - SPECIFY

Plumbing To Be Installed:

MASTER PLUMBER

OIL BURNERMAN

MFG'D HOUSING DEALER/MECHANIC

PUBLIC UTILITY EMPLOYEE

PROPERTY OWNER

LICENSE #

Hook-Up & Piping Relocation

Maximum of 1 Hook-Up

HOOK UP to public sewer in those cases where the connection shall be regulated and inspected by the local Sanitary District.

OR

HOOK UP to an alternate subsurface wastewater disposal system.

PLUMBING RELOCATION of sanitary fixtures, lines and piping with the following:

Location of Hook-Up
Relocation

Number of Hook-Ups

Number of Relocations

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	Hosebibb / Sillcock		Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Drain		Sink
	Drinking Fountain		Wash Basin
	Indirect Waste		Water Closet (Toilet)
	Water Treatment Softener, Filter, etc		Clothes Washer
	Grease/Oil Separator		Dish Washer
	Dental Cuspidor		Garbage Disposal
	Erlet		Laundry Tub
			Water Heater
Subtotal Column 2			Fixtures (Subtotal Column 1)
Subtotal Column 2			Fixtures (Subtotal Column 2)
Subtotal Column 2			Total Fixtures
Subtotal Column 2			Fixture Fee
Subtotal Column 2			Hook-Up & Relocation Fee
Subtotal Column 2			Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

923444

222 193 26 96

Permit # 923444 City of Portland BUILDING PERMIT APPLICATION Fee 45.00 Zone Map # Lot #

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

Owner: Pharos House Phone # 774-6021 Keith Pearson

Address: 5 Grant St.

LOCATION OF CONSTRUCTION 5 Grant St.

Contractor: Gerry's Electric Sub:

Address: POB 5148 Pcid 04101 Phone # 773-5897

Est. Construction Cost: 5,000.00 Proposed Use: Halfway house w/fire alarm Zoning System

Past Use: Halfway house

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 Install Fire Alarm System,

PERMIT ISSUED

For Official Use Only

Date: February 20, 1992

Inside Fire Limits

Bldg Code

Time Limit

Estimated Cost

Subdivision

Ownership

FEB 25 1992

CLERK OF PORTLAND

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) _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings 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: _____ 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 V _____ 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 Received By Mary Gresik

Signature of Applicant Gerry Sicardo Date Feb 20, 1992

CEO's District 5 Gerry Sicardo

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

White - Tax Assessor

MA. W179

PLOT PLAN



FEES (Break down From Front)

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

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

*Inspected recently installed as per plans
JMS*

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as 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

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

PO Box 5148 PORTLAND ME 04101

773-5897

BUILDING PERMIT REPORT

Date: 2-21-92
Address: 5 Grant St
Reason for Permit: Install Fire Alarm System

Building Owner: Pharos Home
Contractor: Genys Electric
Permit Applicant: Genys Cicardo
Approved: dd Denied: _____

Conditions of Approval or Denial

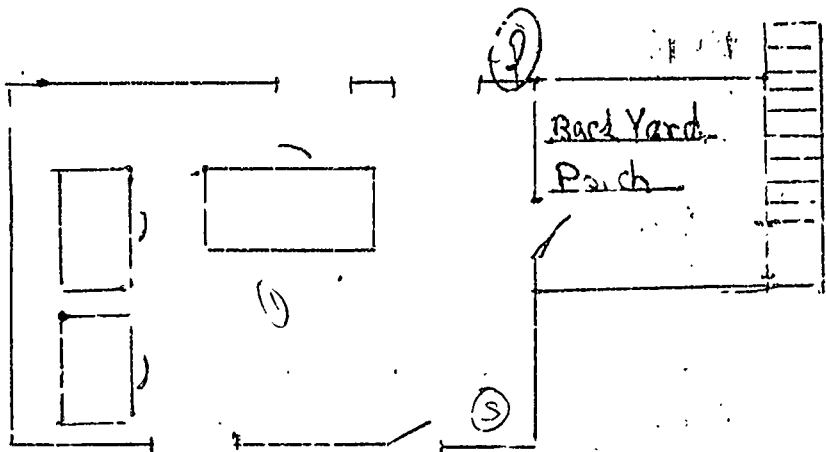
- ✓ 1. All required Fire Alarm systems shall have the capability of "Zone Disconnect" via switches or key pad program provided the method is approved by the Fire Prevention Bureau.
- ✓ 2. All remote annunciators shall have a visible "trouble" indicator along with the Fire Alarm "Zone" indicators.
- ✓ 3. Any Master Box connected to the Municipal Fire Alarm System shall have a supervised Municipal Disconnect Switch.
- ✓ 4. All Master Box locations shall be approved by the Fire Department Director of Communications. A Master Box shall be located so that the center of the box is (5') five feet above finished floor.

/el
7/16/91

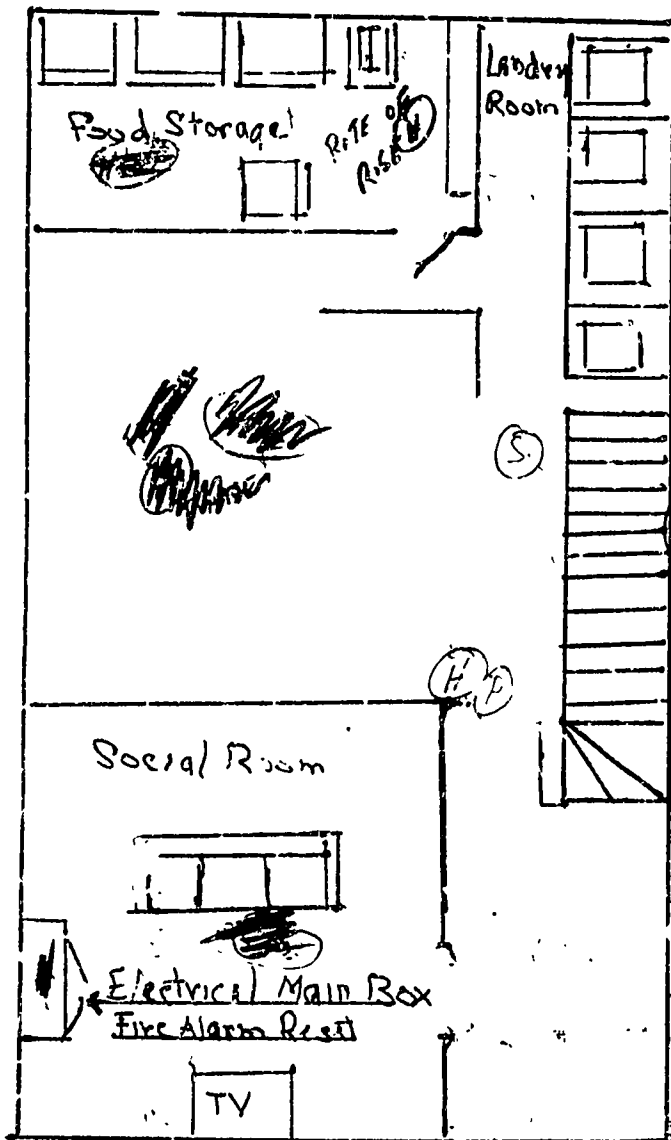
Back Office off Krichan Pharoos House

7#

11 smokes
15 RR
1 Fix TEMP

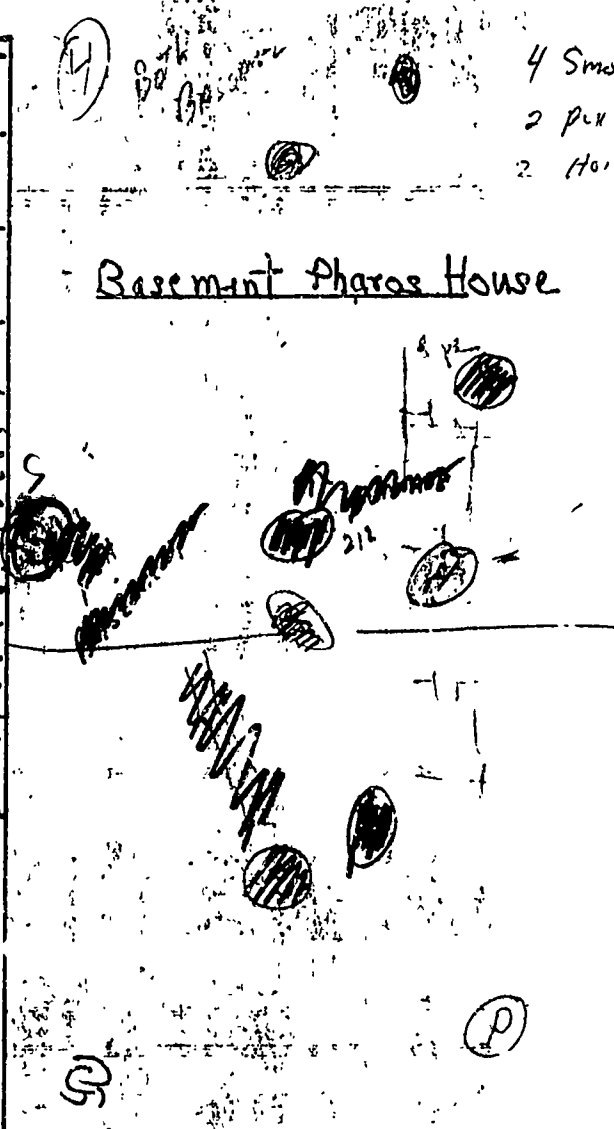


05

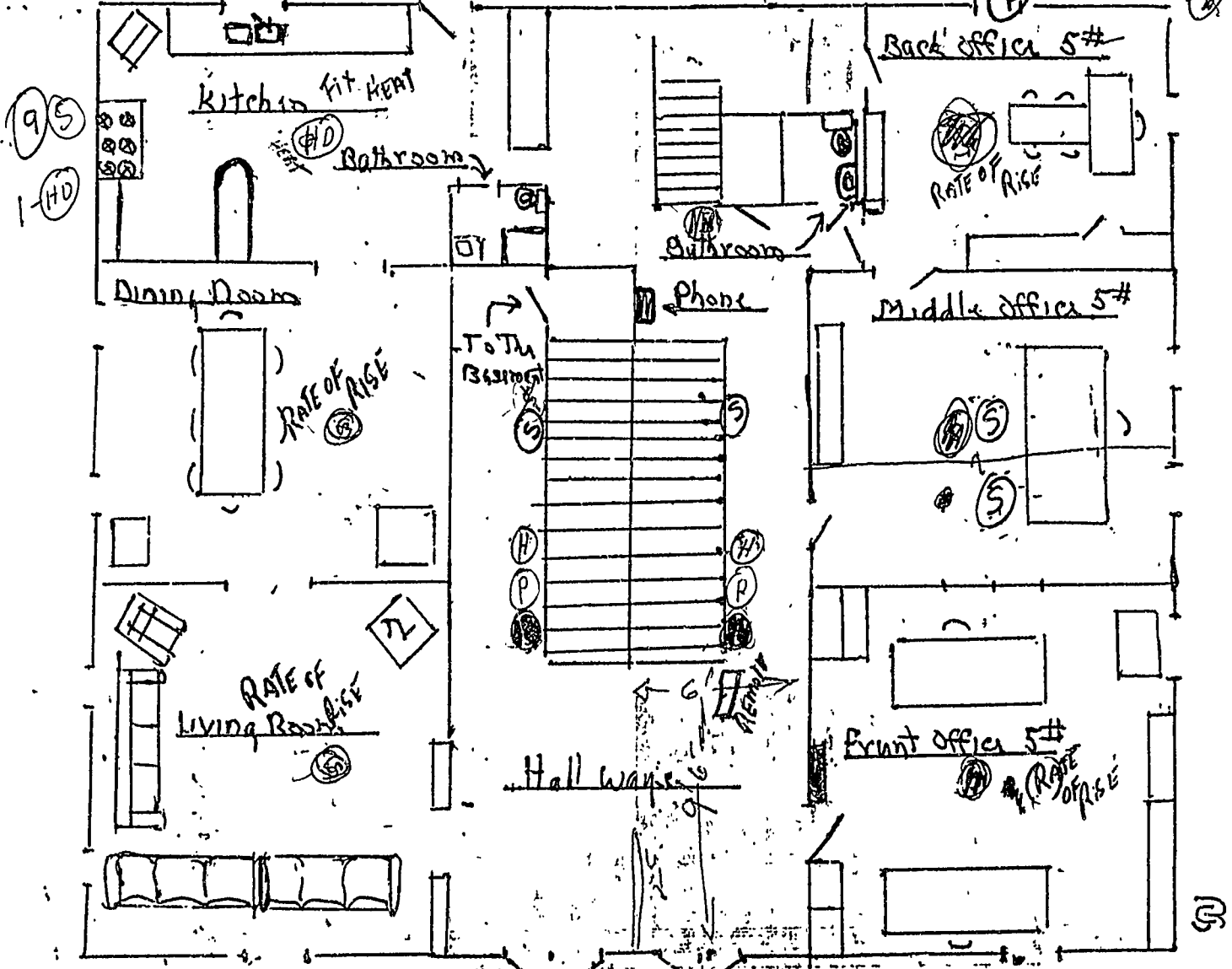


Basement Pharo's House

- 4 Smokes
- 2 PLN STATIONS
- 2 HOLES

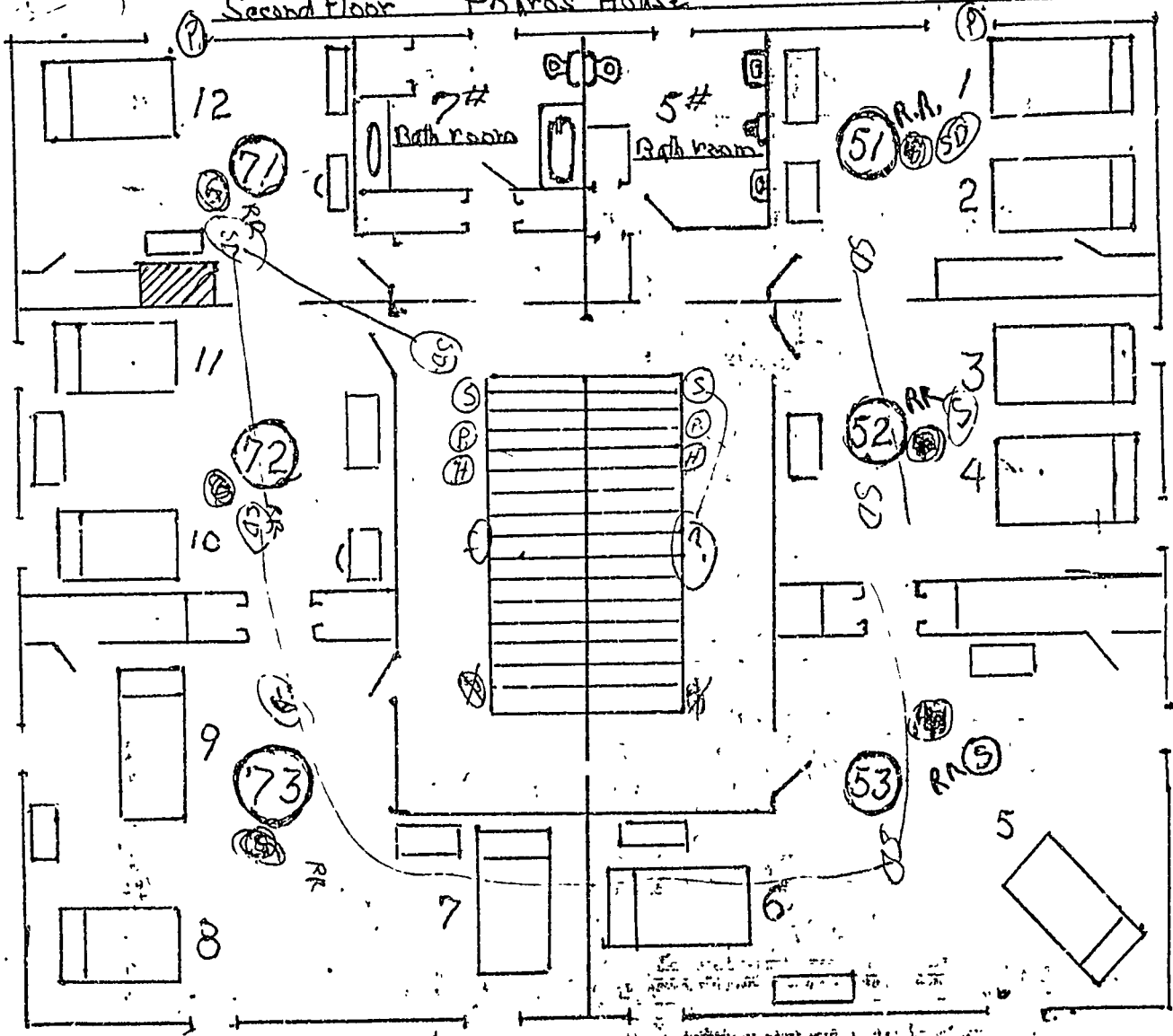


First Floor Pharas House



Second Floor Pharas House

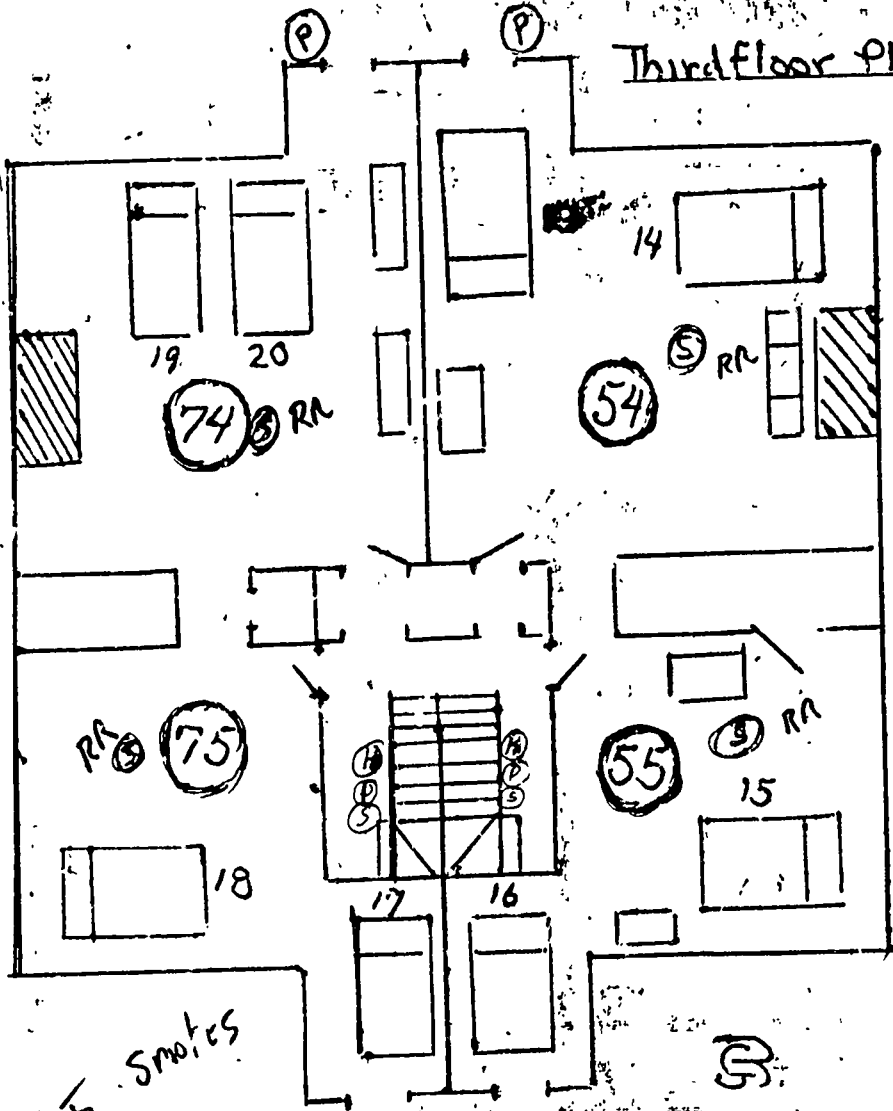
NON SYSTEM Smokes



7 Smokes TOTAL

Third floor Pharoas House

Total
27 - Smokes
1 HEAT
8 PULL STATIONS
& HORNS



5 Smokes

- 1 (H) = HORN
- 2 (P) = Pull STATION
- 3 (S) = Smoke Detector
- 4 (HO) = HEAT DETECTOR
- 5 REAR OFFICE FRONT OFFICE
- 6
- 7
- 8
- 9
- 10 30' BETWEEN
- 11 21' MAX
- 12
- 13 16 OFF END WALL
- 14
- 15 TOP OF DUCT 6" DOWN
- 16 TO 12"
- 17 OFF CEILING
- 18
- 19
- 20

924438

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$105 Zone _____ Map # _____ Lot# _____

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

Owner: Halfway House Inc Phone # 774-6021

Address: Box 1504 - Ptld, ME 04104

LOCATION OF CONSTRUCTION 5 Grant St.

Contractor: Sheridan Corp Sub: _____

Address: _____ Phone # _____

Est. Construction Cost: 16,500 Proposed Use: group home w renov

Past Use: group home

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 demol outside stairs; replace with steel stairs

36' D 17' - same footprint -

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size 1500 Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

For Official Use Only		LIMIT ISSUED	
Date: <u>12/16/92</u>	Subdivision: _____	Name: <u>DEC 18 1992</u>	Public _____
Inside Fire Limits: _____	Ownership: _____	Lot: _____	Public _____
Bldg Code: _____	Ownership: _____	Lot: _____	Public _____
Time Limit: _____	Ownership: _____	Lot: _____	Public _____
Estimated Cost: <u>16,500</u>	Ownership: _____	Lot: _____	Public _____

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 W11-212-17-92 (Explain) _____

Coiling: **HISTORIC PRESERVATION**
 1. Coiling Joists Size: _____ Spacing _____ Not in District nor landmark
 2. Ceiling Brapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____ Size _____ Requires Review.
 4. Insulation Type: _____ Size _____
 5. Ceiling Height: 2.0

Roof:
 1. Truss or Rafter Size: _____ Action: _____ Approved.
 2. Sheathing Type _____ Size _____ Approved with Conditions.
 3. Roof Covering Type _____ Date: 12-17-92

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 _____

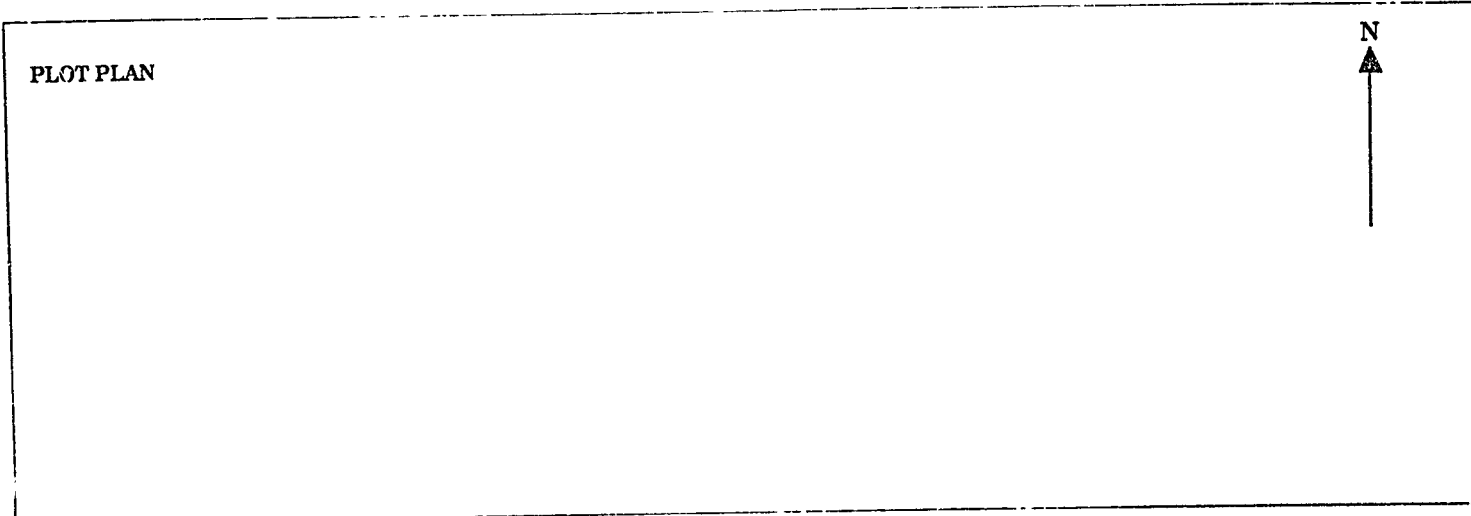
Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____
 3. Must conform to National Electrical Code and State Code.

Permit Issued
 Permit Received by Keith Peaco Date 12/16/92
 Signature of Applicant Keith Peaco
 Signature of Inspector Keith Peaco

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO
 15/1992/1199

White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 705

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Inspection Record		Date
Type		
<i>Checked</i>	<i>Initials</i>	<i>2/3/03</i>
<i>OK</i>	<i>MAN</i>	

COMMENTS

~~_____~~
~~_____~~
~~_____~~

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as 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

[Signature]

ADDRESS

PHONE NO.

774-6021

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

December 18, 1992

RE: 5 Grant Street, Portland

Halfway House Inc.
Box 1604
Portland, Maine 04104

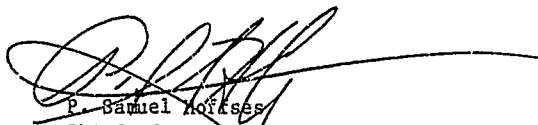
Dear Sir:

Your application to demo outside stairs and replace with steel stairs has been reviewed and a permit is herewith issued subject to the following requirement:

Stairs shall be constructed in accordance with Article 8 Section 817.0 Stairways, 824.0 Guards and Section 825.0 Handrails of the City's building code. (BOCA National Building Code /1990.

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

Sincerely,

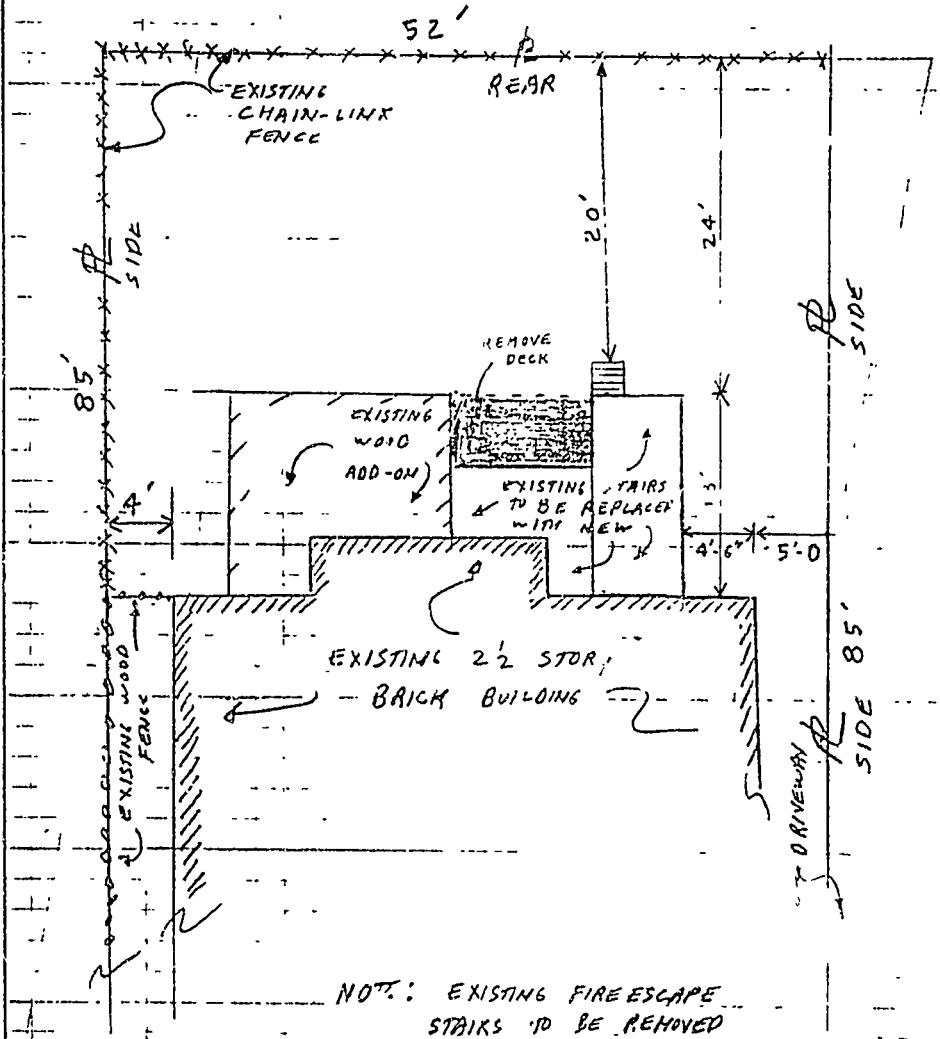

P. Samuel Hoffses
Chief of Inspection Services

/el

P. SPENY 15 GRANT ST
PORTLAND MAINE

FOR STAIR REPLACEMENT

22-141 50 SHEETS
22-142 100 SHEETS
22-144 200 SHEETS



NOTE: EXISTING FIREESCAPE STAIRS TO BE REMOVED AND REPLACE WITH NEW, SAME LAYOUT AND DIMENSION AS EXISTING.

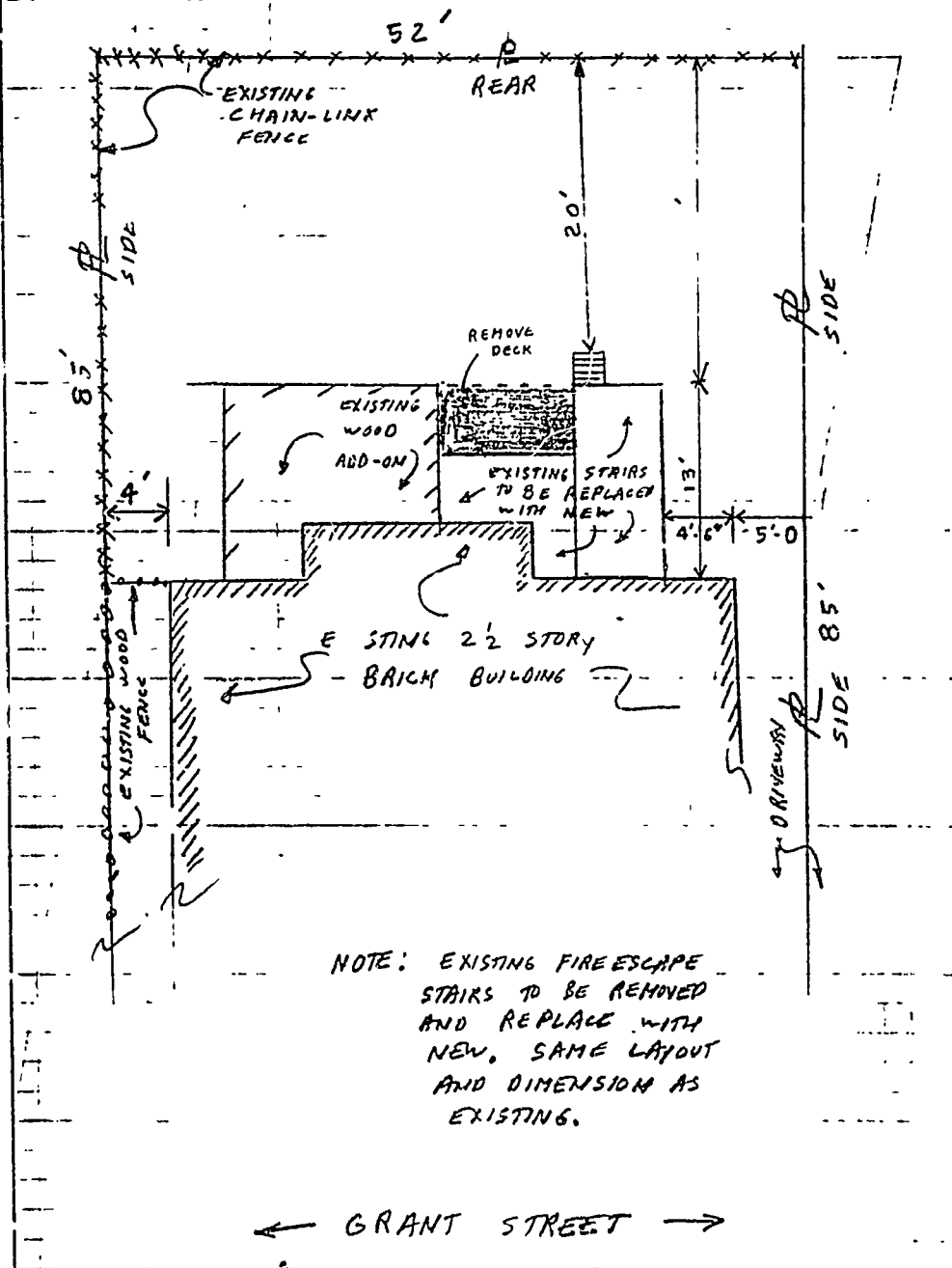
← GRANT STREET →

SPO 12-15-92 HALFWAY HOUSE PLOT PLAN

PROPERTY @ 5 GRANT ST
PORTLAND, MAINE

FOR STAIR REPLACEMENT

22-141 50 SHEETS
22-142 100 SHEETS
22-144 200 SHEETS



NOTE: EXISTING FIRE ESCAPE STAIRS TO BE REMOVED AND REPLACE WITH NEW, SAME LAYOUT AND DIMENSION AS EXISTING.

← GRANT STREET →



STEVENS MORTON ROSE & THOMPSON

Architecture Engineering Survey

39 Forest Avenue
P.O. Box 618
Portland, Maine 04104

Main Street
P.O. Box 10
Limerick, Maine 04048

tel 207/772.3846
fax 207/772.1070

tel 207/793.8202
fax 207/793.2713

LETTER OF TRANSMITTAL

DATE	10-23-92	JOB NO	92057
ATTENTION			
RE			

TO all general Contractors
for UNUM
2pld. Square

WE ARE SENDING YOU Attached Uncer separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
	10-23-92	1	Addendum No. 1

*Received
10/26/92*

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected p-nts
 For review and comment _____
 FOR BIDS DUE _____ 19____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO FFK

SIGNED: Philip Kaminsky
Frank M. Maresca

930189 930189

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$30 Zone _____ Map # _____
Please fill out any part which applies to job. Proper plans must accompany form

Owner: Pharos House Phone # 774-5021
 Address: Box 1604- Pld, ME 04174
 LOCATION OF CONSTRUCTION 5 Grant St.
 Contractor: Mark Warren Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: 2000 Proposed Use: halfway house
 Past Use: halfway w intr MANOV
 # of Existing Res. Units _____ # of New Res. Units HOUSE
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion interior renovations - bathroom, door

For Official Use
 Date 3/15/93 Subdiv. _____
 Inside Fire Limits _____
 Bldg Code _____ Owner _____
 Time Limit _____
 Estimated Cost 2000

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) _____
WPH - 23-15-93

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. Grade 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 Material: _____

Ceiling
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ **HISTORIC PRESERVATION**
 3. Type Ceilings: _____ **not in District nor landmark**
 4. Insulation Type _____ Size _____ **Does not require review**
 5. Ceiling Height: _____ **Requires Review**

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

Chimneys
 Type: _____ Number of Fire Places _____ Date: 3/15/93
 Signature: _____

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: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

ISSUED of Applicant **PERMIT ISSUED** Date 3-15-93
WITH REQUIREMENTS Signature of CEO **WITH REQUIREMENTS** Date _____

Inspection Dates _____

PLOT PLAN

N



FEES (Breakdown From Front)
Base Fec 20-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
Met with Manager		7/16/93
& checked in		1/1
with applicant		1/1

COMMENTS

Signature of Applicant _____ Date _____

BUILDING PERMIT REPORT

ADDRESS: 5 Grant St.

DATE: 16/mar/93

REASON FOR PERMIT: interior renovations

BUILDING OWNER: Pharos ~~House~~ House.

CONTRACTOR: Mark Warren

PERMIT APPLICANT: " "

APPROVED: *3 *4 *5 *6 *7 *9

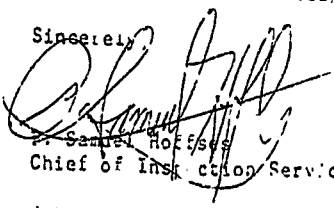
CONDITION OF APPROVAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection.)
- 2.) Precaution must be taken to protect concrete from freezing.
- * 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- * 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- * 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- * 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm) The minimum net clear opening width dimension shall be 20 inches (508 mm).
- * 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 101 Chapter 18 & 19.

(over)

- 8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.
- *9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening. Handrails on stairs shall be no less than 34 inches nor more than 38 inches. Handrails within individual dwelling units shall not be less than 30 inches nor more than 38 inches. For more detail on guards & handrails see Article 8 section 824.0 and 825.0 of the BOCA National Building Code.
- 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.
- 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
- 12.) Stair construction in Use Group R-3, R-4, is a minimum of 9" tread and 8-1/4" maximum rise.
- 13.) Headroom in habitable spaces is a minimum of 7'6".
- 14.) The minimum headroom in all parts of a stairway shall not be less than 6 feet 8 inches.
- 15.) All construction and demolition debris must be disposed at the RWS by a licensed carrier or solid waste at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final certificate of occupancy is issued or demolition permit is granted.

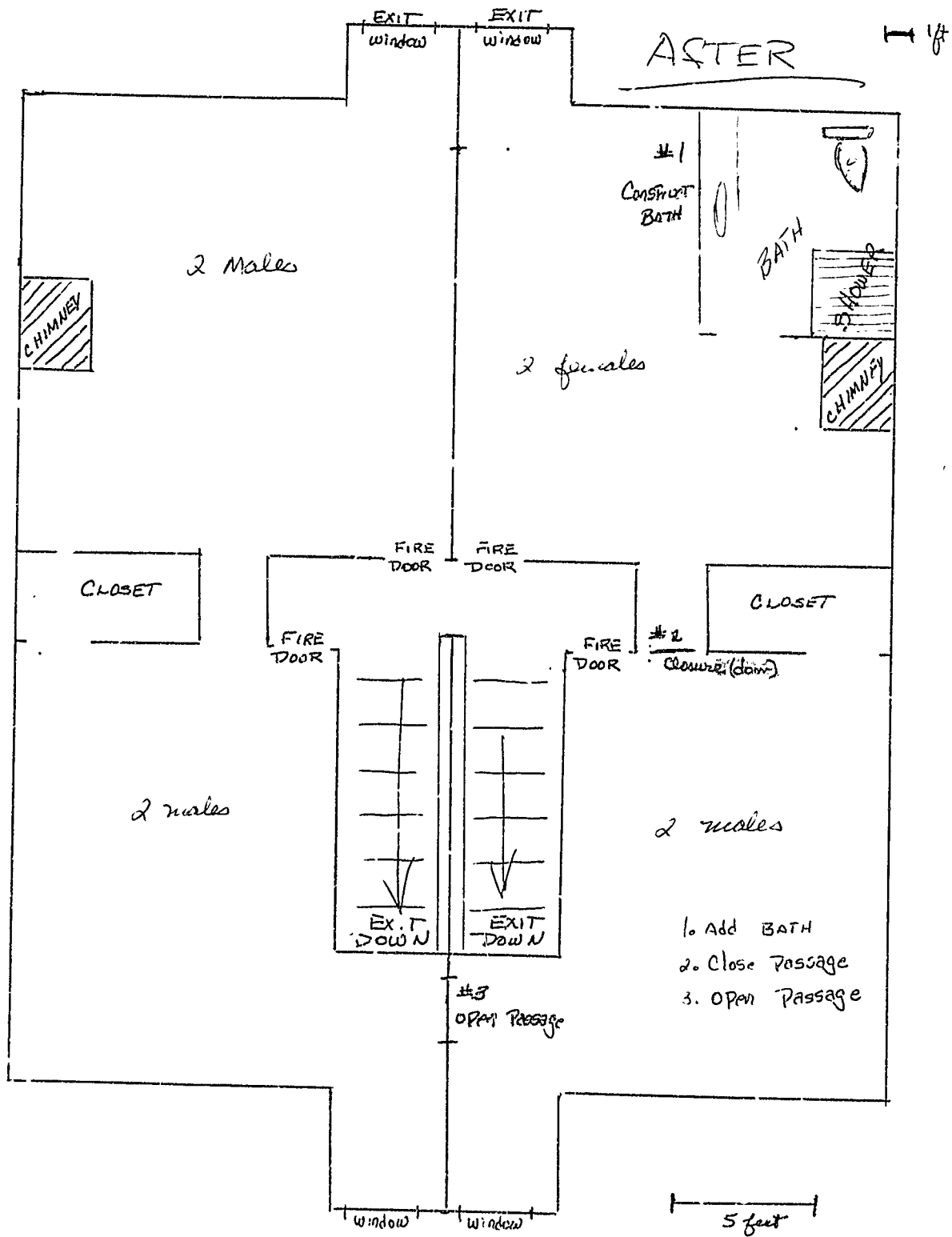
Sincerely,

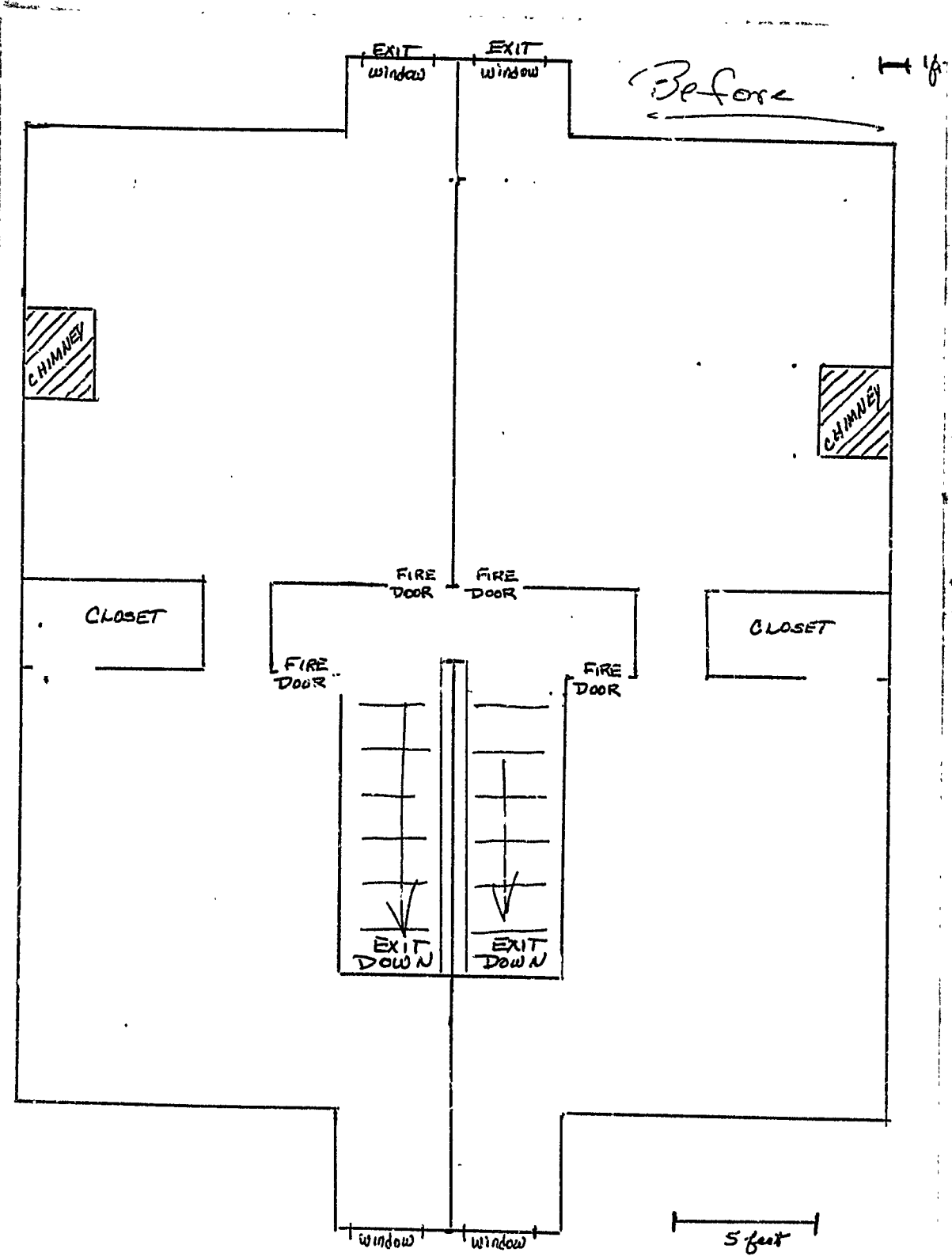

Robert J. Smith
Chief of Inspection Services

/el

11/16/88-11/27/90-8/14/91-9/2/92-10/14/92

40





PHAROS HOUSE 3d FLOOR

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

August 30, 1995

HALFWAY HOUSE INC
7 GRANT ST
PORTLAND ME 04101

Re: 5 Grant St
CBL: 036- - D-017-001-01
DU: 10

Dear Sir:

You are hereby notified, as owner or agent, that an inspection was made of the above referenced property. Violations of Article V of the Municipal Ordinance (Housing Code) were found as described in detail on the attached "Housing Inspections Report".

In accordance with the provisions of the above mentioned Code, you are hereby ordered to correct those defects within sixty (60) days. If you are unable to make such repairs within the specified time, you may contact this office to arrange a satisfactory repair schedule. If we do not hear from you within ten (10) days from this date, we will assume the repairs to be in progress and, on re-inspection within the time set forth above, will anticipate that the premises have been brought into compliance with the Housing Code Standards.

Please Note: You should consult this department to insure that any corrective action you should undertake complies with the building, plumbing, electrical, zoning and other Articles of the City Code.

Please contact this office if you have any questions regarding this order.

Your cooperation will aid this department in it's goal to intain decent, safe, and sanitary housing for all of Portland's residents.

Sincerely,

Marland Wing
Code Enforcement Officer

Tammy Munson
Code Enfc. Offr./ Field Supv.

HOUSING INSPECTION REPORT

Location: 5 Grant St
Housing Conditions Date: August 30, 1995
Expiration Date: October 29, 1995

Items listed below are in violation of Article V of the Municipal Codes, "Housing Codes", and must be corrected before the expiration date:

- | | | |
|----|---|--------|
| 1. | EXT - RIGHT TRIM -
GUTTER IS ROTTED | 108.10 |
| 2. | EXT - RIGHT -
TRIM IS MISSING MOULDING | 108.10 |
| 3. | EXT - FRONT -
PORCH HAS A BROKEN TREAD | 108.40 |