

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-3826

PROPERTY ADDRESS:

Town or Plantation: Portland, Me
 Street: 341 Congress St
 Suburb on Lot #
 PROPERTY OWNERS NAME:
Hampton Outdoor P.L. 03481
 Last: Hampton First: John Middle: William
 Applicant Name:
Alan C. Little
 Mailing Address of Owner/Applicant (if different):
392 W. Main Ave
Portland, Me 04103

PORTLAND PERMIT # 2,243 TOWN COPY
 Date Permit Issued: 4.6.87 FEE: 186.00
 Local Plumbing Inspector Signature: Alan C. Little L.P.I. # _____

Owner/Applicant Statement
 I certify that the information submitted is correct to the best of my knowledge and understanding that my failure to comply with the Local Plumbing Inspector to deny a permit.
Alan C. Little
 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.
 Local Plumbing Inspector Signature: _____ Date Approved: AUG 12 1987

PERMIT INFORMATION

This Application is for: **1. NEW PLUMBING**
2. RELOCATED PLUMBING
 APR 7 - 1987

Type Of Structure To Be Served:
1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY: OFFICE SPACE

Plumbing To Be Installed By:
1. MASTER PLUMBER
2. OIL BURNER/MAN
3. MFG D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
 LICENSE # 022289

Description	Number	Column 2	Column 1
		Type of Fixture	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	8	Hosebbb / Sillcock	Bathtub (and Shower)
	4	Floor Drain	Shower (Separate)
PIPING RELOCATION of sanitary lines, drains, and piping with old new fixtures.		Unnat	Sink
		Drinking Fountain	Wash Basin
Number of Hook-Ups & Relocations		Indirect Waste	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc	Clothes Washer
Hook-Up & Relocation Fee		Grease/Oil Separator	Dish Washer
		Dental Cuspidor	Garbage Disposal
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Bidet	Laundry Tub
		Other: _____	Water Heater
		Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
		\$ 56	\$ 86



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date January 13, 1968
 Receipt and Permit number 22770

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: JB Brown Block-Quick Print-541 Congress Street
 OWNER'S NAME: Dambrie-Pizzo ADDRESS: Portland

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>1-10</u> (not strip) TOTAL <u>1-10</u>	3.00
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL, amperes: _____	.50
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 _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____	
Fans _____	
Water Heaters _____	
Disposals _____	
Dishwashers _____	
Compactors _____	
Others (denote) _____	1.50
TOTAL <u>1.50</u>	1.00
MISCELLANEOUS: (number of)	
Branch Panels <u>1</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 _____	

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: 9.00

INSPECTION: Will be ready on _____, 1968; or Will Call x
 CONTRACTOR'S NAME: Anthony Mancini
 ADDRESS: 179 Sheridan Street
 TEL: 774-5829
 MASTER LICENSE NO.: 2436
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:
Anthony Mancini

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

ELECTRICAL INSTALLATIONS —

Permit Number 22710
 Location 541 Pennsylvania St
 Owner Bank of America
 Date of Permit 1/18/88
 Final Inspection 3/7/88
 By Inspector [Signature]
 Permit Application Register Page No. 27

INSPECTIONS: Service 200 amp by [Signature]
 Service called in 2/27/88
 Closing-in 1/21/88 by [Signature]

PROGRESS INSPECTIONS:
 8d
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

DATE:	REMARKS:
2/25/88	Space above suspended ceiling is being used for an air return plenum as of the date. Service is OK will call CMP when notified of intentions on how the H. V. AC system is going to be finished.
3/7/88	Final for C of C Completed.

COMPLETED
 DATE 3/7/88

PERMIT # **002730**

TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Hampsted Hospitals Inc.

Address: Hampsted, New Hampshire

LOCATION OF CONSTRUCTION Box 531 Congress Street

CONTRACTOR: RP Morrison Bldrs Inc SUBCONTRACTORS: 892-9418

ADDRESS: ** 158 Shuge Rd. Windham 04062

Est. Construction Cost: 8,000 Type of Use: retail sales

Per Use: retail sales

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain tenant fit up as per plan

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: 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 _____

For Official Use Only

Date: <u>Oct 12, 1989</u>	Calculation: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration _____
Value Structure _____	Ownership _____ Public _____ Private _____
Fees <u>00.00</u>	

PERMIT ISSUED

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing NOV 2 1989
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 _____
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: _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District B-3 Street Frontage Req. _____ Provided _____
 Required 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 _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain) _____
 Date Approved 10-30-89

Permit Received By Deborah Coode

Signature of Applicant [Signature] Date 10-26-89

PERMIT ISSUED WITH LETTER

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

© Copyright GPCOG 1987

PLOT PLAN

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

COMMENTS

Oct 89 - Progressing as per plans -
Nov 89 - Started
Dec 89 - Completed

Signature of Applicant _____

Date _____



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

November 1, 1989

R.P. Morrison Buildings Inc.
158 Chuge Road
Windham, Maine 04062

Re: 539 Congress Street

Dear Sir:

Your application to do a tenant fit up has been reviewed and a permit is herewith issued subject to the following requirements:

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

1. Exit to be marked in accordance with N.F.P.A. 101 Chapter 5-10.
2. Sprinkler protection to be in accordance with N.F.P.A. #13 Ordinary Hazard Occupancy Group #7

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. Garroway, Portland Fire Department

Hugh

CITY OF PORTLAND, MAINE

Revocable Public Property or Way Occupancy Permit

Number: #154

Date Issued: 12/13/89

Fee Paid: 975.00

Date Expires: 12/13/91

Permission is hereby given to Hairlines Portland
pursuant to the Municipal Code of the City of Portland, Maine to occupy
539 Congress St

for the following purposes (and description of equipment if any):

Sidewalk Sign

N.B.: Occupation of sidewalks shall not interfere with pedestrian traffic or ingress or egress from structures. Additional conditions: None

It is understood and agreed that the City Manager in his sole and exclusive judgment may revoke this permit with or without cause at any time prior to its expiration with no refund of fee or liability whatsoever.

Permittee agrees to obtain and maintain public liability insurance (minimum \$300,000 combined single limit) protecting the City from claims of bodily injury, death and property damage and to furnish as evidence of such insurance, a certificate stating that such insurance will not be cancelled without 30 days prior notice to the City. Permittee further agrees to indemnify and hold the City of Portland, its officers and employees harmless for all claims, demands, losses and expenses (including reasonable attorney's fees incurred in the defense thereof) arising out of the acts or omissions of Permittee during such occupancy.

Mrs. Joyce M. Renaldi
City Manager

Date: 12/13/89

X



← 1' 10" →

HAIRLINES

BORLAND
TOTAL HAIR CARE FOR THE
PROFESSIONAL MAN + WOMEN

↑
2' 11"
↓

PRIVATE ROOMS
HAIR REPLACEMENTS
Prof. RETAIL Dept

772-5031

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
12/11/89

PRODUCER
INSURANCE ASSOCIATES
P.O. BOX 509
BAR MILLS, ME 04004

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** MASSACHUSETTS BAY INSURANCE COMPANY
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
CARL R. MICHAUD
DBA HAIRLINES
539 CONGRESS STREET
PORTLAND, ME 04101

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	ODP2028688	05/10/89	05/10/90	GENERAL AGGREGATE	\$ 1,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMPOSDS AGGREGATE	\$ 1,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADVERTISING INJURY	\$ 1,000
	<input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE				EACH OCCURRENCE	\$ 1,000
					FIRE DAMAGE (ANY ONE FIRE)	\$ 50
					MEDICAL EXPENSE (ANY ONE PERSON)	\$ 5
	AUTOMOBILE LIABILITY				CS.	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY PER PERSON	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY PER ACCIDENT	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS				STATUTORY	\$
	<input type="checkbox"/> NON-OWNED AUTOS				EACH OCCURRENCE	\$
	<input type="checkbox"/> GARAGE LIABILITY				AGGREGATE	\$
	EXCESS LIABILITY				STATUTORY	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				(EACH ACCIDENT)	\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				(DISEASE POLICY LIMIT)	\$
	<input type="checkbox"/> OTHER				(DISEASE EACH EMPLOYEE)	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
INSURED'S BUSINESS LOCATION: 539 CONGRESS STREET, PORTLAND, ME
ADD'L INSURED: CITY OF PORTLAND, PORTLAND, ME (REGARDING SIGN ONLY)

CERTIFICATE NUMBER
CITY OF PORTLAND
CITY MANAGERS OFFICE
CITY HALL
389 CONGRESS STREET
PORTLAND, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Leticia A. Dubois

PERMIT # 02643 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: HECA Realty Trust - Alpine Property Manage. - 773-1111

Address: 45 Exchange St., Port.

LOCATION OF CONSTRUCTION 545 Congress St.

CONTRACTOR: Glokal Village SUBCONTRACTORS: XXXXXXXXXX 739-4110

ADDRESS: P. O. Box 1216, Portland, ME 04112

Est. Construction Cost: _____ Type of Use: Retail clothing and food selling

Past Use: Retail

Building Dimensions L _____ W _____ H _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Erect 2.6 x 3' sign over public sidewalk, as per 3 sheets of plans

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE _____ as per 3 sheets of plans & consent form.

Residential Building 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: 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 _____

For Official Use Only

Date: September 4, 1989 Subdivision: Yes / No

Inside Fire Limits: _____ Name: _____

Blgd Code: _____ Block: _____

Time Limit: _____ Permit Expiration: _____

Estimated Cost: _____ Ownership: _____ Public _____ Private _____

Value Stamp: _____ Fee: paid 9/4/89

Ceiling:

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

Roof:

1. Truss or Rafter Size: _____ Spacing _____
2. Sheathing Type: _____
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 Fixtures _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

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

Zoning:

District: B-3 Street Frontage Req: _____ Provided _____

Required Setbacks: Front _____ Back _____ 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) MAINE PLAN

Date Approved: 9/12/89

Permit Received By Joyce M. Rinaldi

Signature of Applicant _____ Date 9/12/89

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White-City CEO

Copyright GPCOG 1987

1101 Main St. Portland, ME

PLOT PLAN

N
↑

FEES (Breakdown From Front)
 Base Fee \$26.80 *pd 9/11/89*
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

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

COMMENTS *10/4/89 Progress inspections*
11/89 - Planning
1-31-90 Completed as per plans

Signature of Applicant *J. M. Chudzi* Date *9/11/89*

WORKSHEET TO ERECT SIGN OVER PUBLIC SIDEWALK - THIS IS NOT A PERMIT!

Portland, Maine, _____ 19__

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect the following described sign extending over a public sidewalk or street in accordance with the Building Code of the City of Portland, and the following specifications:

Location 545 CONGRESS STREET Within Fire Limits? _____ Dist. No. B-3

Owner of building to which sign is to be attached HEGA REALTY TRUST

Name and address of owner of sign GLOBAL VILLAGE 545 CONGRESS ST PORTLAND, ME 04101

Contractor's name and address R. P. MORRISON BUILDERS Telephone 892-9418

When does contractor's bond expire? _____

Information Concerning Building

No. stories 5 Material of wall to which sign is to be attached BRICK

Details of Sign and Connections

Building owner's consent and agreement filed with application _____

Electric? NO Vertical dimension after erection 2'6" Horizontal 3'0"

Weight 20 lbs., Will there be any hollow spaces? NO Any rigid frame? YES

Material of frame WOOD No. advertising faces 2, material WOOD

No. rigid connections 2 Are they fastened directly to frame of sign? YES

No. through bolts _____, Size _____, Location, top or bottom _____

No. guys 0, material _____, Size _____

Minimum clear height above sidewalk or street 12' is above canopy

Maximum projection into street 5'4" Fee \$ _____

Signature of contractor [Signature] R. P. MORRISON

Sign reads - global Village

R. P. MORRISON BUILDERS
INC

RECEIVED

SEP 11 1989

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERECTED ON A BUILDING AT 545 CONGRESS STREET IN PORTLAND, MAINE HEGA REALTY TRUST ^{Being the owner of the premises} at 545 CONGRESS ST in Portland, Maine hereby gives consent to the erection of a certain sign owned by GLOBAL VILLAGE GALLERIES over the sidewalk or on the building from said premises as described in application to the Division of Inspection Services of Portland, Maine for a permit to cover the erection of said sign:

And in consideration of the issuance of said permit _____, owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign is in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this 24th day of AUGUST 1989.



Owner's signature

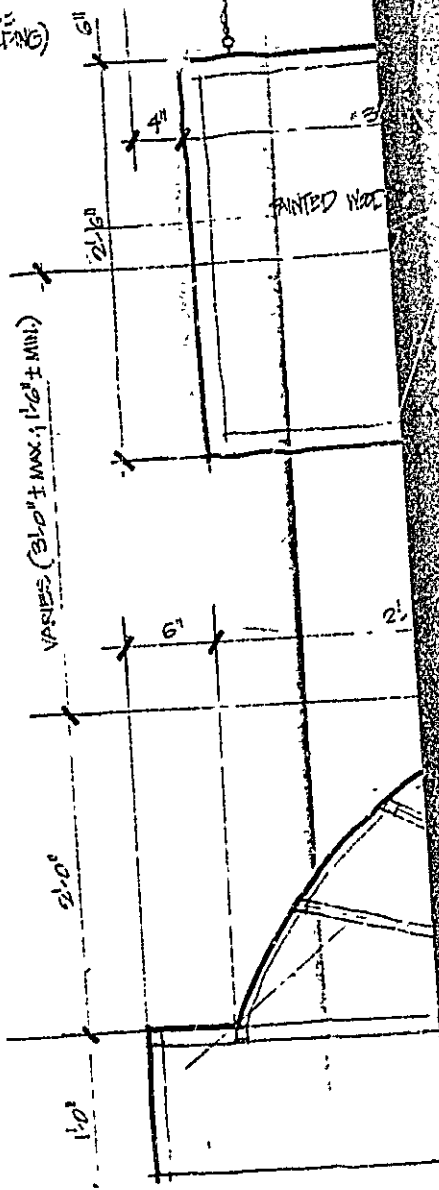


Lessee's signature

RECEIVED
SEP 11 1989
DEPT. OF BUILDING PERMITS
CITY OF PORTLAND

VIEW ON THE BROWN BUILDING

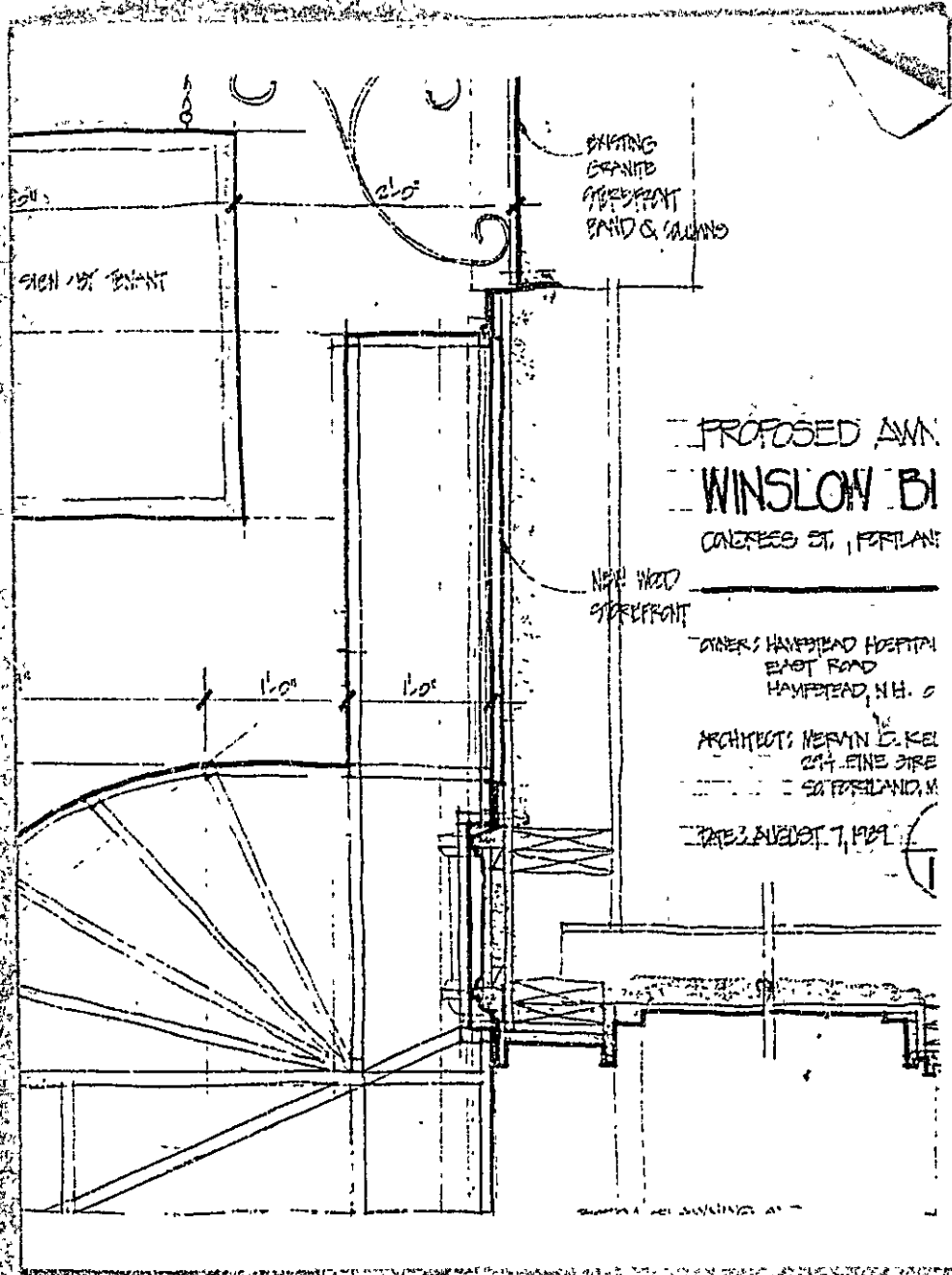
AWNING CANVAS:
NO 662 - TAN
NO 669 - BERRA COTA



RECEIVED

SEP 11 1989

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



EXISTING
BRANDED
STOREFRONT
PAINT & GLASS

SIGN BY EXHIBIT

PROPOSED AWN.
WINSLOW BI
CONGRESS ST., PORTLAND

NEW WOOD
STOREFRONT

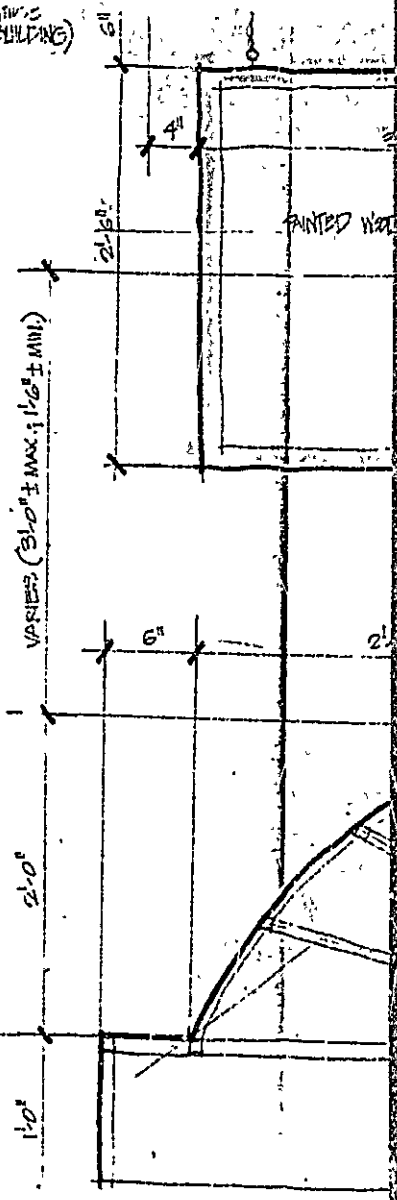
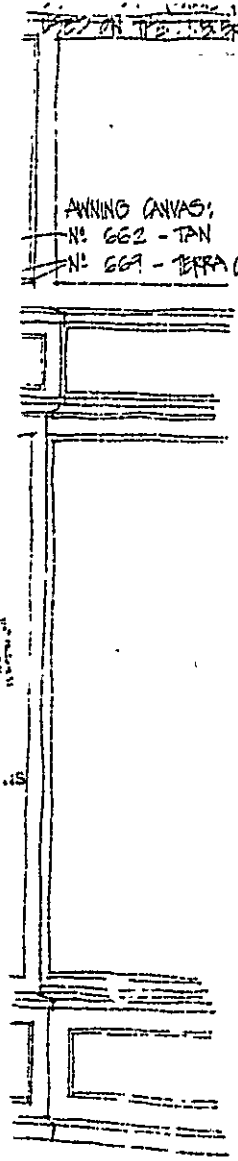
OWNER: HAMPSHIRE HOSPITAL
EAST ROAD
HAMPSHIRE, N.H.

ARCHITECTS: MERVIN L. KEL
217 FINE ST.
SEATTLE, WASH.

DATE: AUGUST 7, 1959

VIEW OF THE BROWN BUILDING

AWNING CANVAS:
N: 662 - TAN
N: 669 - TERRA COTTA



VARIES (31-0" ± MAX. ± 1-0" ± MIN.)

21-0"

1-0"

6"

4"

21-6"

6"

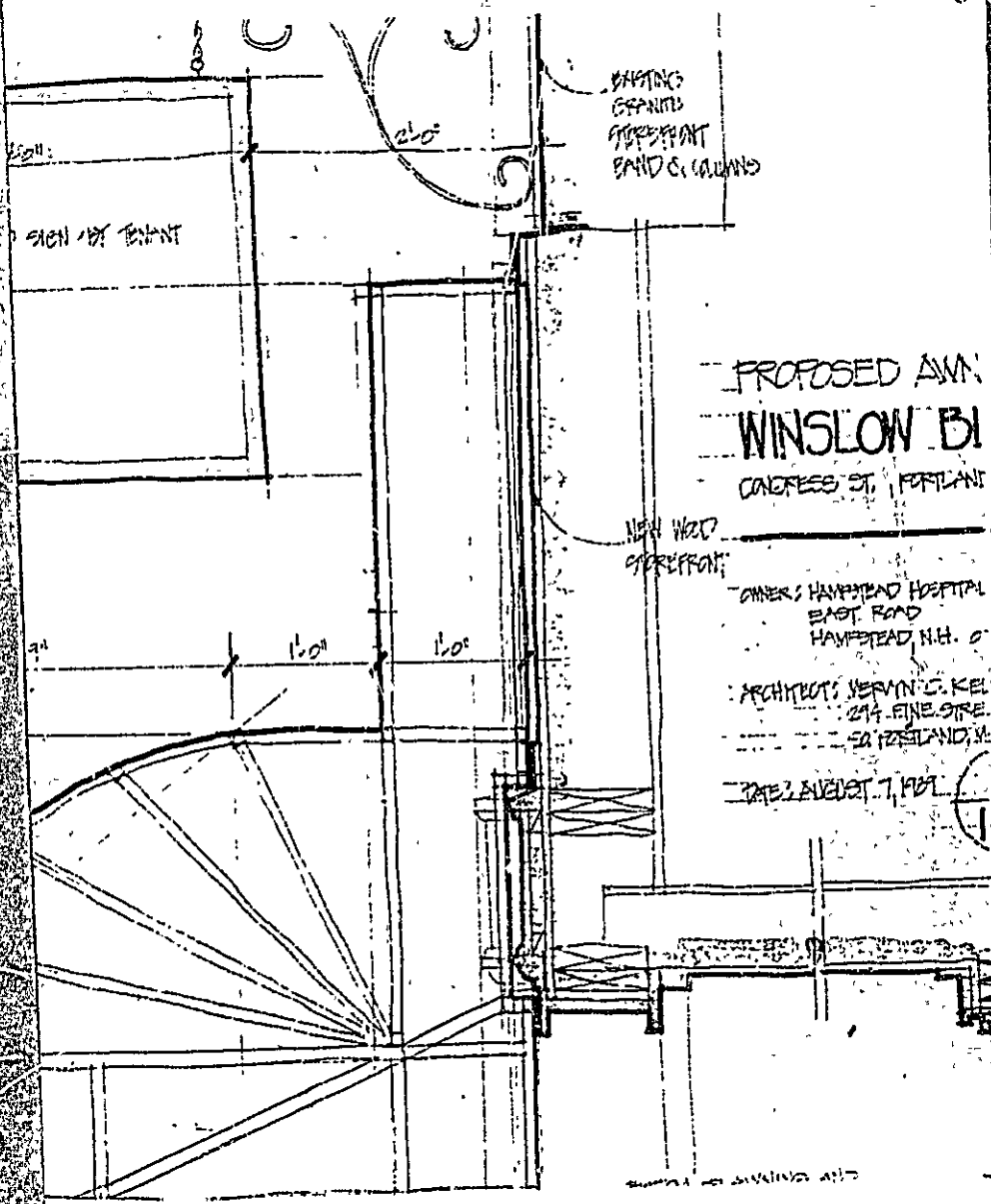
21"

PAINTED WOOD

RECEIVED

SEP 11 1989

DEPT. OF BUILDING INSPECTORS
CITY OF PORTLAND



24'

SIGN BY TENT

210'

EXISTING
GRANITE
SIDEPIECE
BANDS & CORNICE

PROPOSED ANN.
WINSLOW BLDG.
CORNER OF FORTLAND

NEW WOOD
SIDEPIECE

OWNER: HAMPSHIRE HOSPITAL
EAST ROAD
HAMPSHIRE, N.H.

ARCHITECT: NERWIN G. KELLY
214 FINE ST.
SEATTLE, WASH.

DATE: AUGUST 7, 1921

SCALE: AS SHOWN AND

PERMIT # 002218

CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

Owner: Hampstead Hospitals - G.M. Pollack, Leasee (883-8455-Scar

Address: Hampstead, New Hampshire

LOCATION OF CONSTRUCTION 531 Congress Street - 1st. Floor

CONTRACTOR: Roland Morrison Bl. Sub CONTRACTORS: 892-9418

ADDRESS: 158 Chute Rd., Windham, ME 04062

Est. Construction Cost: \$80,000.00 Type of Use: Jewelry store

Past Use: same

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Interior renovations, as per 8 sheets of plans.

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 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 Material: _____
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 _____

For Official Use Only	
Date: <u>May 31, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Blgd Code: _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$80,000.00</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$420.00</u>	

Ceiling:

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

Roof:

1. Truss or Rafter Size _____
2. Sheathing Type _____
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 _____ Street Frontage Req: _____ Provided _____

Required Setbacks: Front _____ Back _____ 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: _____

Permit Received By Joyce M. Rinaldi

Signature of Applicant Roland Morrison Date 5-31-89

Signature of CEO _____ Date _____

Inspection Dates (10) HD

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 31, 1989, 19
 Receipt and Permit number 20363

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: 531 Congress St
 OWNER'S NAME: J M Pollock ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>22</u> Switches _____ Plugmold _____ ft. TOTAL _____	3.00
FIXTURES: (number of)	
Incandescent <u>XX 39</u> Fluorescent _____ (not strip) TOTAL _____	5.90
Strip Fluorescent <u>30</u> ft. _____	3.00
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1/2 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 <u>2</u> _____	1.00
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: 9.90

INSPECTION:
 Will be ready on June 5, 1989, 19__ ; or Will Call _____
CONTRACTOR'S NAME: Place Elec
ADDRESS: 166 Summit St
TEL: _____
MASTER LICENSE NO.: 10626 **SIGNATURE OF CONTRACTOR:**
LIMITED LICENSE NO.: _____ *Charles J. Blaine*

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

ELECTRICAL INSTALLATIONS --

Permit Number

0133678

Location

537

Owner

John J. McCullough

Date of Permit

5/12/89

Final Inspection

7/27/89

By Inspector

[Signature]

Permit Application Register Page No

644

INSPECTIONS.

Service

Meter

by

[Signature]

Service called in

Closing-in

6/5/89

by

[Signature]

PROGRESS INSPECTIONS

DATE	REMARKS

CODE COMPLIANCE COMPLETED
 DATE *7/27/89*

PRINTED NAME AND ADDRESS OF INSTALLER
 ADDRESS
 CITY
 STATE
 ZIP

INSTALLATION OF METER

PERMIT NO. 0133678
 DATE 5/12/89



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 6, 1989, 19
 Receipt and Permit number 00382

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: 531 Congress St
 OWNER'S NAME: Pollock ADDRESS: _____

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
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) <u>1</u>
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 <u>5.00</u>	<u>5.00</u>
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: _____

INSPECTION: _____ or 72 hrs
 Will be ready on June 6, 1989; or Will Call _____
 CONTRACTOR'S NAME: Bear Elec.
 ADDRESS: 28 Church St. Michael Collins
 TEL: _____
 MASTER LICENSE NO.: 4794 SIGNATURE OF CONTRACTOR: Michael Collins
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS -

INSPECTIONS. Service _____ by _____
 Service called in _____
 Closing-in 6/8/89 by [Signature]

PROGRESS INSPECTIONS:

Permit Number 00382
 Location 531 [unclear]
 Owner [Signature]
 Date of Permit 6/27/89
 Final Inspection [Signature]
 By Inspector [Signature]
 Permit Application Register Page No. 65

DATE:	REMARKS:

CODE COMPLIANCE COMPLETED
 DATE 7/2/89

CONTROLER'S NAME _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____
 CONTROLER'S PHONE NO. _____
 CONTROLER'S FAX NO. _____
 CONTROLER'S E-MAIL _____

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

Permit # **23641** 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: Hega Realty Phone # 871-1080
 Address: C/O Dirigo Mgt; 45 Exchange St- Ptld, ME 04101
 LOCATION OF CONSTRUCTION 537 Congress St. - 3rd fl
 Contractor: Roland Morrison Sub: 892-9418
 Address: _____ Phone # _____
 Est. Construction Cost: 15,000 Proposed Use: office w renov
 Past Use: office
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq Ft _____
 # Stories _____ # Bedrooms _____ Lt. Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Interior renovations - walls, doors

3rd floor

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. Cover Material _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Eracing: 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 _____

PERMIT ISSUED WITH LETTER

White - Tax Assessor

PERMIT BOOK
 For Official Use Only
 Date: 5/1/92 Subdivision _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: _____
 Estimated Cost: 15,000 Pub: _____
CITY OF PORTLAND

Zoning: B3
 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: WDA - 5-5-92 (Explain)

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

Roof:
 1. Truss or Rafters Size _____ Span _____ Action: Approved.
 2. Sheathing Type _____ Size _____ Approved with Conditions
 3. Roof Covering Type _____
 Date: 5-1-92 Signature: [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: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date 5-1-92

CEO's Date: _____
PERMIT ISSUED WITH LETTER
 CONTINUED TO REVERSE SIDE
 Entry Tag - CEO 4 MR. WING



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 12, 1992
 Receipt and Permit number 3811

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: 537 Congress St
 OWNER'S NAME: Henry Audesse ADDRESS: 537 Congress St. Ptld 3rd Floor

	FEES
OUTLETS:	
Receptacles <u>40</u> Switches <u>6</u> Plugmold _____ ft. TOTAL _____	9.20
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>33</u> (not strip) TOTAL _____	6.60
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	2.00
METERS: (number of) <u>2</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>2</u>	8.00
Transformers _____	10.00
Air Conditioners Central Unit <u>1</u>	
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 _____	2.00
Emergency Lights, battery <u>2</u>	
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: \$37.80

INSPECTION:
 Will be ready on 5/13/92, 1992; or Will Call _____
CONTRACTOR'S NAME: D.L. Electric, Inc.
ADDRESS: 128 Silver St. Waterville, Me 04901
TEL.: 873-3435
MASTER LICENSE NO.: 13811 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 23, 19 88
 Receipt and Permit number 29278

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: 529 Congress St. (J. B. Brown Block) - Senator Mitchell's Office
 OWNER'S NAME: Dambrie/Pizzo ADDRESS: Portland

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	<u>3.00</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>x</u> (not strip) TOTAL <u>1-10</u>	<u>3.00</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 <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 <u>1</u>	<u>.50</u>
Emergency Generators _____	
INSIALLATION 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>7.50</u>

INSPECTION:

Will be ready on _____, 19____; or Will Call x

CONTRACTOR'S NAME: Anthony Mancini

ADDRESS: 179 Sheridan St., Portland, Maine

TEL.: 774-5829

MASTER LICENSE NO.: 2436 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 27, 1988, 19
 Receipt and Permit number 29385

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: J. B. Brown Block 529 Congress Street 5th Floor

OWNER'S NAME: Hampstead Hospital ADDRESS: Hampstead, NH

	FEEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-100	9.00
FIXTURES: (number of)	
Incandescent <u>x</u> Fluorescent <u>x</u> (not strip) TOTAL 81	11.10
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	1.00
METERS: (number of) <u>2</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 <u>x</u>	10.00
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels <u>2</u>	2.00
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 <u>2</u>	1.00
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE: 34.10
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: 34.10

INSPECTION:

Will be ready on _____, 19__; or Will Call^{xx}

CONTRACTOR'S NAME: Anthony Mancini

ADDRESS: 179 Sheridan St.

TEL: 774-5829

MASTER LICENSE NO.: 2436 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

ELECTRICAL INSTALLATIONS —

Permit Number 04385

Location 529 Congress St. 5th Fl.

Owner Chapman & Associates

Date of Permit 7/27/88

Final Inspection [Signature]

By Inspector [Signature]

Permit Application Register Page No. 39

INSPECTIONS: Service 2-400 A meters by [Signature]

Service called in 8/29/88

Closing-in 11/7/88 by [Signature]

PROGRESS INSPECTIONS:

<u>8/16/88</u>	/
<u>8/19/88</u>	/
_____	/
_____	/
_____	/
_____	/

CODE
COMPLIANCE
COMPLETED
DATE _____

DATE:

REMARKS:

1/13/89

Remainder of 5th floor construction walls must be checked -

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 725-3523

Town of
Plan Number: **PORTLAND ME**
 Applicant: **GIO RIZZO'S BLDG**
 Address: **372 WARREN AVE**
 City: **PORTLAND ME 04103**
 Applicant Name: **WALTER J. DURILLATI**
 Meeting Address of Owner/Applicant: **372 WARREN AVE**
 (if different)

PORTLAND PERMIT # **2,724** TOWN COPY
 Date Permit Issued: **6-10-88** \$ **160.00** L.P.E. # **1111**
 Local Plumbing Inspector Signature: _____ Date Approved: **JUN 10 1988**

Owner/Applicant Statement
 I certify that the information submitted is correct to the best of my knowledge and understanding, and any false information is reason for the Local Plumbing Inspector to deny a permit.
 Signature of Owner/Applicant: **Walter J. Durillati** Date: **6-8-88**

Caution: Inspection Required
 I have inspected the installation and found it to be in compliance with the Maine Plumbing Rules.
 Local Plumbing Inspector Signature: _____ Date Approved: **JUN 10 1988**

This Application is for:

1. NEW PLUMBING
 2. RELOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER - SPECIFY **5th floor office space**

Plumbing To Be Installed by:

1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D. HOUSING DEALER/MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # **022159**

Hook-Up & Piping Relocation Maximum of 4 Hook-Ups	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 OR HOOK-UP to an existing separate wastewater disposal system.		Washbasin / Sillcock		Bath (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION, of sanitary lines, drains, and piping with or without new fixtures.		Jrns.		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
Number of Hook-Ups & Relocations		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Hook-Up & Relocation Fees		Bidet		Laundry Tub
		Other _____		Water Heater
		Fixtures (Subtotal)		
		Column 2		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 537 Congress St.

Issued to Hampstead Hospital, Inc.

Date of Issue 5/12/93

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. 93/0132, 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

fifth & sixth floors,
right side/building

office space

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

5-13-93

(Date)

Inspector

Land Wing

[Signature]
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 leasee for one dollar.

930132

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$95.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Hampstead Hosp. Inc. Phone # _____

Address: Hampstead N.H. (Dirigo Met.)

LOCATION OF CONSTRUCTION 537 Congress St. 5th & 6th fl.

*** Contractor: R. P. Morrison Sub: _____

Address: 169C Lewiston Rd. Gray, ME 04038 Phone # _____ 892-9418

Est. Construction Cost: \$15,000 Proposed Use: Office

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 Renovations as per request of Garroway-Fire
Interior renovations as per plans

Foundation:

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

1 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 Ex. _____
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

For Official Use Only		PERMIT ISSUED
Date <u>February 10, 1993</u>	Subdivision: _____	Name <u>FEB 24 1993</u>
Inside Fire Limits _____	Bldg Code _____	Ownership _____
Tinck Limit _____	Estimated Cost <u>\$15,000</u>	CITY OF PORTLAND

Zoning: B3 PAD-OK
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) WNA - 2-11 HISTORIC PRESERVATION

Ceiling:
1. Ceiling Joists Size: _____ Does not require review.
2. Ceiling Strapping Size _____ Spacing _____ Requires Review.
3. Type Ceilings: _____
4. Insulation Type _____ Size: _____
5. Ceiling Height: _____ Action: Approved

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

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

Permit Review By: _____

Signature of Applicant: _____ Date 2/10/93

CEO's District: R. P. Morrison

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

15 MAR 1993

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 95.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
<i>Ready for Cert</i>	<i>8/29/23</i>
<i>of Occ</i>	
<i>for 6/24/23</i>	

COMMENTS 2 sets of plans submitted

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.

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 23, 1993

R.P. Morrison
169C Lewiston Rd
Gray, ME 04039

Re: 537 Congress St (5th/6th fls)

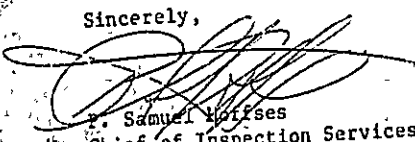
Dear Sir,

Your application to make renovations, as per request of the Fire Department, has been reviewed and a permit is herewith issued subject to the following requirements:

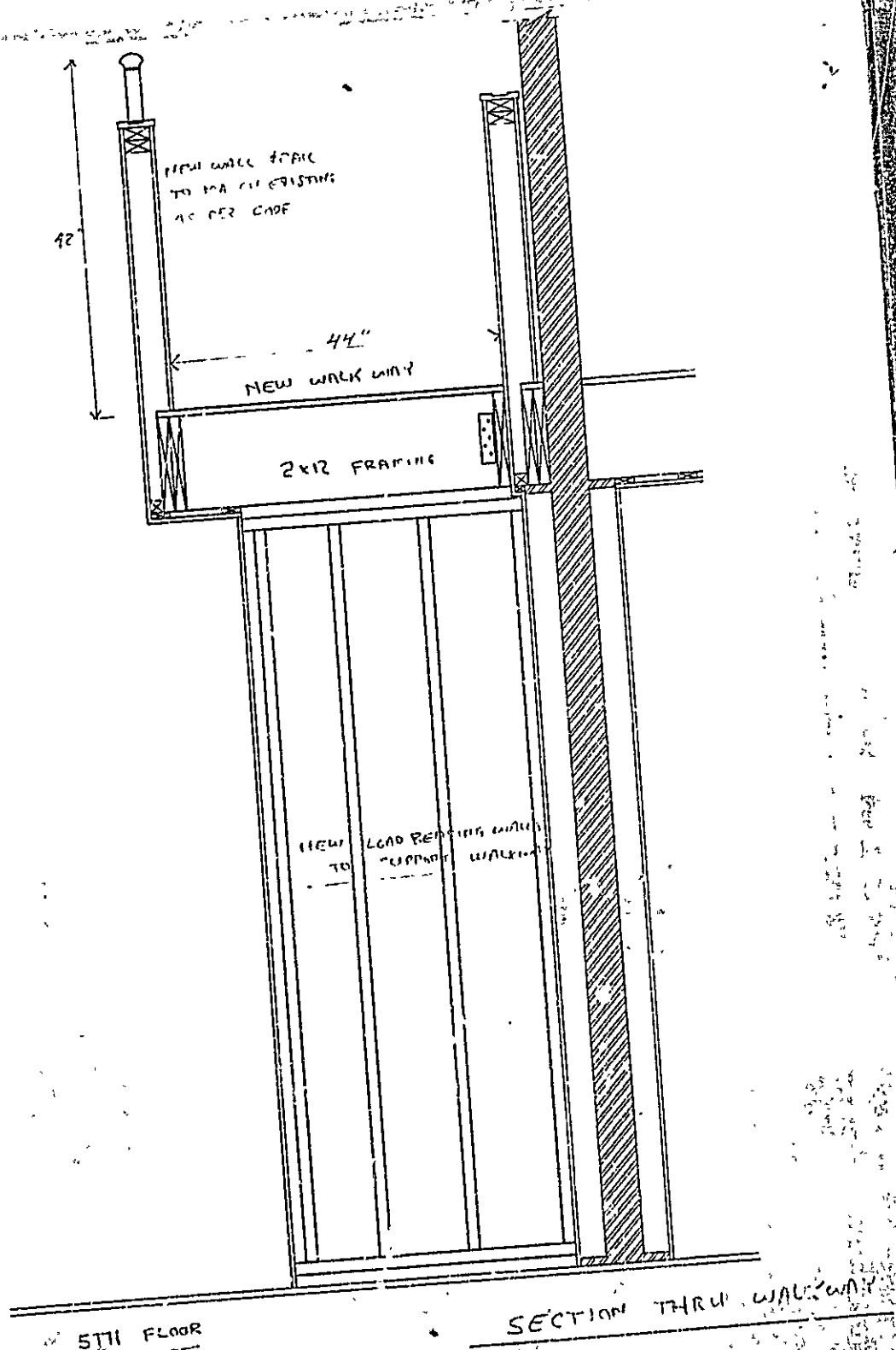
1. Guards and rails shall comply with Section 5-2.2.4 of the Life Safety Code.
2. A fire alarm acceptance report shall be submitted to the Portland Fire Department.
3. Means of egress shall be illuminated as per Section 26-2.8.
4. Portable fire extinguishers shall be provided in accordance with Section 7-2.4.1.

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

Sincerely,


S. Samuel Hoffses
Chief of Inspection Services

cc: LT McDougall, Fire Prevention Bureau



NEW WALL FRAME
TO MATCH EXISTING
AS PER CAD

42"

44"
NEW WALKWAY

2x12 FRAMING

NEW LOAD BEARING WALL
TO SUPPORT WALKWAY

SECTION THRU WALKWAY

5TH FLOOR

934499

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.

PERMIT ISSUED

Owner: Hoja Realty Trust Phone # _____
Address: 270 Dirigo Hgt- 45 Exchange St- Portland, ME 04101
LOCATION OF CONSTRUCTION 537 Congress St- 3rd fl
Contractor: owner Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: 16,800 Proposed Use: office space w renov
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 - third floor

For Official Use Only
Date: 1/13/93 Subdivision: _____ Name: JAN 25 1993
Inside Fire Limits _____ Lot _____
Bldg Code _____ Ownership: CITY OF PORTLAND
Time Limit _____ Estimated Cost: 16,800
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: WNA - 01-15-93

Foundations:
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 Post Size _____
7. Insulation Type _____ Size _____
8. Sheat'ng Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size 2x4 Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

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

HISTORIC PRESERVATION

Permit Received By Louise E. Chase
Signature of Applicant Albert Knight Date 1-13-93
CEO's District _____

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO

5 M. W. White - Tax Assessor

PLOT PLAN

N
▲

FEES (Breakdown From Front)
 Base Fee \$ 105-
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	Date
<i>Cash collected</i>		<u>1/11/93</u>
<i>OK</i>		<u>1/12/93</u>
		<u>1/13/93</u>
		<u>1/14/93</u>

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.

Albert W. Knight
 SIGNATURE OF APPLICANT

ADDRESS

871-1080
 PHONE NO.

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

January 25, 1993

RE: 537 Congress St. - 3rd floor

Hega Realty Trust
c/o Dirigo Mgmt.
45 Exchange St.
Portland, ME 04101

Dear Sir:

Your application to make interior renovations as per plans at 537 Congress St. 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.

Fire Prevention Review

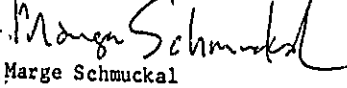
1. The building applicant shall provide to the Portland Fire Department a fire alarm acceptance report.
2. Portable fire extinguishers (2) shall be provided - Section 26-3.5

Building Code Review

1. Please read and comply with the current attached regulations on construction debris disposal.

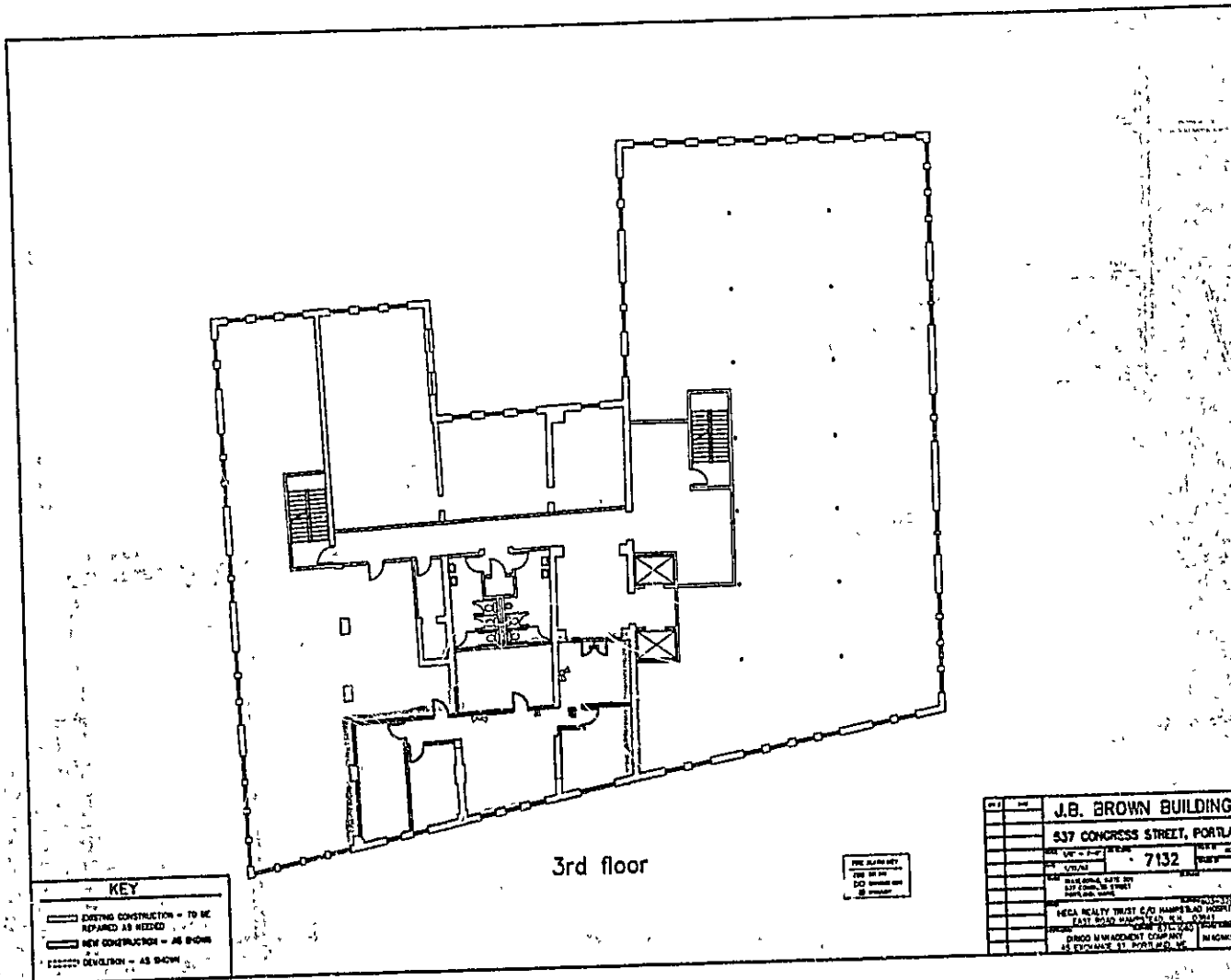
If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


Marge Schmuckal
Asst. Chief of Inspection Services

/el

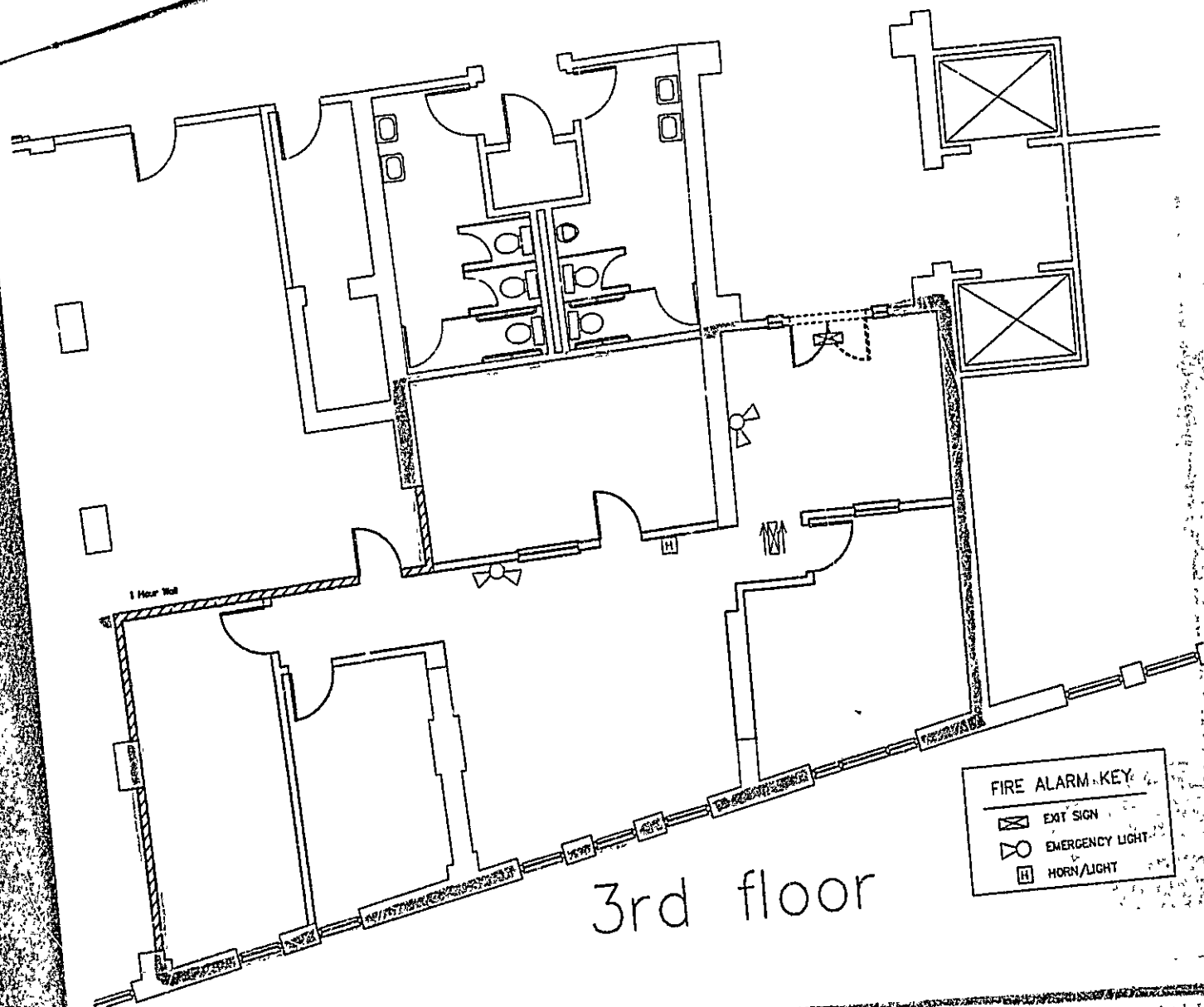
cc: LT. Gaylen McDougall, Fire Prevention Bureau



KEY	
	EXISTING CONSTRUCTION - TO BE REPAIRED AS NEEDED
	NEW CONSTRUCTION - AS SHOWN
	DEVIATION - AS SHOWN

SEE PLANS SET
FOR THE
SIC NUMBER AND
SIC NUMBER

J.B. BROWN BUILDING			
537 CONGRESS STREET, PORTLAND			
NO.	DATE	BY	REVISION
			7132
DRAWING MADE BY 537 CONGRESS STREET PORTLAND, OREGON			
MEGA REALTY TRUST C/O HAMPSHIRE HOSPITAL EAST 8030 HAMPSHIRE AVE. SUITE 100 PORTLAND, OREGON 97203		ARCHITECTS: J.B. BROWN	
DINGO MANAGEMENT COMPANY 25 FORTUNE ST. PORTLAND, OREGON		INCHES: 1/8"	



FIRE ALARM KEY

- EXIT SIGN
- EMERGENCY LIGHT
- HORN/LIGHT

3rd floor

BUILDING PERMIT REPORT

DATE

1/19/93

ADDRESS

537 Congress St.

REASON FOR PERMIT

Interior renovations

BUILDING OWNER

Hegg Realty Trust

CONTRACTOR

PERMIT APPLICANT

Albert Kemper

APPROVED

DENIED

CONDITIONS OF APPROVAL OR DENIAL:

- 1) the building applicant shall provide to the Portland Fire Department a fire alarm acceptance report.
- 2) Portable fire extinguishers (2) shall be provided Section 26-3.5

930818

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$145 Zone _____ Map # _____ Lot # _____

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

PERMIT ISSUED

Owner: Hampstead Hospital Inc Phone # _____

Address: c/o Dirigo Mgt- 45 Exchange St- Ptd, ME 04111

LOCATION OF CONSTRUCTION: 537 Congress St. - basement level

Contractor: R P Morrison Bldrs Sub: 892-9418

Address: 169 C Lewiston Rd- Gray ME 04039

Est. Construction Cost: 25,000 Proposed Use: office bldg w renov

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 excavate & foundation - only -

For Official Use Only

Date: 7/26/93

Subdivision: SEP 18 1993

Name: _____

Lot: _____

City of Portland

Private: _____

Estimated Cost: 25,000

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) _____

(building government office) Ceiling: _____

HISTORIC PRESERVATION

Foundation:

1. Type of Soil: - U S Bankruptcy Court -

2. Set Backs - Front _____ Rear _____ Side(s) _____

3. Footings Size: _____

4. Foundation Size: _____

5. Other _____

1. Colling 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. Door _____

4. Header Sizes _____ Span(s) _____

5. Bracing: Yes _____ No _____

6. Corner Posts Size _____

7. Insulation Type _____ Size _____

3. Sheathing Type _____ Size _____

9. Siding Type _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Chimneys:

Type: _____ Number of Fire Places: 5

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: Louise E. Chase

Signature of Applicant: [Signature] Date: 7-26-93

Signature of CEO: Roland Morrison Date: _____

Inspection Dates: _____

930831

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 105.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Hega Realty Trust Phone # _____
 Address: Prigo Way - 45 Exchange St - Ptd, Me
 LOCATION OF CONSTRUCTION 537 Congress St. - Suite 500
 Contractor: C.R.E.W. Sub: _____
 P.O. Box 7584 Ptd, ME 04117 (509-90)
 Address: _____ Phone # 829-5552
 Est. Construction Cost: 16,500.00 Proposed Use: _____
 Past Use: _____
 # 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 - Installation of walls/doors

For Official Use Only

Date: August 17, 1993 Subdivision: _____
 Inside Fire Limits: _____ Name: SEP 15 1993
 Bldg Code: _____ Lot: _____
 Time Limit: _____ Ownership: _____
 Estimated Cost: _____

CITY OF PORTLAND

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 - 9-9-93 (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 _____ Spar(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 Wall:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ 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 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 Earle Reagen Date Aug 17, 1993
 Signature of CEO _____ Date _____
 Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO 15 Copyright GPCOG 1988

930836

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 1570 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Hega Realty Trust Phone # _____
Address: 45 Exchange St - Ptld, ME 04101

LOCATION OF CONSTRUCTION 537 Congress St.

Contractor: R P Morrison Inc Sub: 892-9418

Address: 169 C Lewiston Rd- Gray Phone # ME 040832

Est. Construction Cost: 310,000 Proposed Use: office bldg w addtn

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 (frame, exterior)

Explain Conversion Minor Site plan - const addtn (86'x47')

300 - Minor Site Plan

For Official Use Only

Date 7/28/93 Subdivision: _____
 In side Fire Limits _____
 Blag Code _____
 Time Limit _____
 Estimated Cost: 310,000

Name: _____
 Lot: _____
 Ownership: _____ Public _____

CITY OF PORTLAND

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

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 (Explain) _____

Foundation: _____ (US Bankruptcy Court)

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

Floor: s-axis permits: #07069 & #07070

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 _____
5. Bracing: Yes _____ No _____ Span(s) _____
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) 8/16/93
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling: _____

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

Roof:

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

Chimneys: _____

Heating: _____

Electrical: _____

Plumbing: _____

1. Approval of soil tests provided _____
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 F. Morrison

Signature of Applicant: Craig Moore Date 7/28/93

Signature of CEO: _____ Date _____

Inspection Dates _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 1/15/93 1993
 Receipt and Permit number 4653

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: 227 Congress St - 3rd floor

OWNER'S NAME: Dirigo Mgt. ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>24</u> Switches <u>10</u> Plugmold _____ ft. TOTAL <u>34</u>	<u>6.80</u>
FIXTURES: (number of)	
Incandescent <u>22</u> Fluorescent <u>6</u> (not strip) TOTAL <u>28</u>	<u>5.60</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) <u>1</u>	<u>1.00</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>4.00</u>
Transformers _____	
Air Conditioners Central Unit <u>1</u>	<u>10.00</u>
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>27.40</u>

INSPECTION:
 Will be ready on 1/19 - am, 1993; or Will Call _____
 CONTRACTOR'S NAME: D I Elect
 ADDRESS: 128 Silver St- Waterville
 TEL.: 873-3435
 MASTER LICENSE NO.: Greg Cushman # SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____ 14053 *Greg Cushman*

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 15, 1963
 Receipt and Permit Number 6629

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: 537 Congress St.
 OWNER'S NAME: Hampstead Hospital ADDRESS: East Rd. Hampstead N.H.

OUTLETS:	FEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
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 _____ moving cooling tower 70 feet _____	5.00
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.
	<u>15.00</u>

INSPECTION:
 Will be ready on 7/16/ A.M., 1963; or Will Call _____
CONTRACTOR'S NAME: Kenneth W. Seltz
ADDRESS: 10 Summit Drive Atkinson, N.H. 03811
TEL.: 703-362-5608
MASTER LICENSE NO.: 16629
LIMITED LICENSE NO.: _____ **SIGNATURE OF CONTRACTOR:** _____

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

931064

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 2620 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Hega Realty Trust Phone # 871-1080
 Address: Dirigo Mgt- 45 Exchange St-Ptld, ME 04111
 LOCATION OF CONSTRUCTION 537 Congress St.
 Contractor: R.P. Morrison Bldrs Inc Sub: 892-9418
 Address: 169 C Lewistor Rd- Gray, ME 04039
 Est. Construction Cost: 520,000 Proposed Use: office space
 Past Use: _____
 # 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 1
 Explain Conversion Interior renovations - (Ban krupctcy Courthse

For Official Use Only

Date 11/12/93 Subdivision _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Let NOV 16 1993
 Time Limit _____ Ownership: _____ Public _____
 Estimated Cost 520,000 Private _____

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) W/S H - P 11-15-93

Foundations: and addition
main bldg -2nd,3rd flrs
 1. Type of Soil: _____
 2. Set Backs - Front 2 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: _____

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

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

Chimneys:
 Type: _____ Number of Fire Places _____ Date 11/15/93

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

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 _____

PERMIT ISSUED WITH LETTER

Permit Received By Louise F. Chase Date 11-12-93
 Signature of Applicant Roland P. Morrison
 CEO's District 5 Roland P. Morrison
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO 5 MA. W179.

White - Tax Assessor



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date August 18, 1993, 19
 Receipt and Permit number 13811

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: 537 Congress St
 OWNER'S NAME: Henry Audessy ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>5</u> Switches <u>15</u> Plugmold _____ ft. TOTAL <u>20</u>	4.00
FIXTURES: (number of)	
Incandescent _____ Flourescent <u>14</u> (not strip) TOTAL	2.80
Strip Flourescent _____ ft.	
SERVICES:	
Overhead _____ Underground <u>x</u> Temporary _____ TOTAL amperes <u>200</u> ..	15.00
METERS: (number of) <u>1</u>	1.00
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 <u>1</u> _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL	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 _____	
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. <u>24.80</u>

INSPECTION:
 Will be ready on _____, 19__; or Will Call ~~xxx~~
CONTRACTOR'S NAME: DL Electric (David Leach)
ADDRESS: 128 Silver St Waterville
TEL: 873-3435
MASTER LICENSE NO.: 3811 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS

Permit Number 3816
 Location 537 Cavapass
 Owner H. A. Pussay
 Date of Permit 8-18-93
 Final Inspection 9-15-93
 By Inspector Steve Berdo
 Permit Application Register Page No. 2194

INSPECTIONS: Service 9-15-93 by SB
 Service called in 11:00 AM
 Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

DATE:	REMARKS:

[Faint markings and text]

[Faint markings]

[Faint markings]

Permit # **940374** City of **Portland** BUILDING PERMIT APPLICATION Fee **80.** Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED

Owner: ~~XXXXXXXXXX~~ Hega Realty Trust Phone # _____
 Address: _____
 LOCATION OF CONSTRUCTION **535 Congress St - 1st Fl**
 Contractor: **RP Morrison BLDrs Inc** Sub: _____
 169 C Lewiston Rd Gray, ME 04039
 Address: _____ Phone # **892-9418**
 Est. Construction Cost: **12,000.** Proposed Use: **Office/Retail?**
 Past Use: **Vacant**
 # 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 **28 Apr 1994** Subdivision: _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ L.A. _____
 Time Limit _____ Ownership: Public Private
 Estimated Cost _____

Zoning: **B-3**
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: **with conditions**
 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: **WPH 5-2-94** **HISTORIC PRESERVATION**

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

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: _____

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: Approved.
 2. Sheathing Type _____ Size _____ Approved with conditions.
 3. Roof Covering Type _____
 Chimneys: Type: _____ Number of Fire Places _____
 Heating: Type of Heat: _____

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 _____

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 **USE Group-M Type 2-A**

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

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

Permit Received By **Mary Greak**
 Signature of Applicant **Mary Greak** Date **28 Apr '94**
 Signature of Inspector **RP Morrison** Date **4-28-94**
 Inspection Dates _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 5/2/94, 19__
 Receipt and Permit number 3811

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: 533 Congress St - ground floor
 OWNER'S NAME: Henry Audesse ADDRESS: _____

FEES

OUTLETS:		
Receptacles <u>75</u> Switches <u>25</u> Plugmold _____ ft. TOTAL <u>100</u>		<u>20.00</u>
FIXTURES: (number of)		
Incandescent _____ Fluorescent <u>80</u> (not strip) TOTAL <u>80</u>		<u>16.00</u>
Strip Fluorescent _____ ft.		
SERVICES:		
Overhead _____ Underground <input checked="" type="checkbox"/> Temporary _____ TOTAL amperes <u>200</u> ..		<u>15.00</u>
METERS: (number of) <u>1</u>		<u>1.00</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>4.00</u>
Transformers _____		
Air Conditioners Central Unit <u>1</u>		<u>10.00</u>
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 <u>8</u>		<u>8.00</u>
Emergency Generator _____		
	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>74.00</u>

INSPECTION:

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

CONTRACTOR'S NAME: B.L. Elect

ADDRESS: Silver St = Waterville

TEL: 873-3435

MASTER LICENSE NO.: MC60013811 COMPANY SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.: _____ Master [Signature]

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



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 12/14/93 Receipt and Permit number 3711

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: 539 Congress St- 2nd, 3rd floors
 OWNER'S NAME: Henry Audesse ADDRESS: _____

OUTLETS:		FEEES
Receptacles	500	
Switches	200	
Plugmold	4	
x#. TOTAL 704		140.80
FIXTURES: (number of)		
Incandescent		
Flourescent	300	
(not strip) TOTAL 300		60.00
Strip Flourescent		
ft.		
SERVICES:		
Overhead		
Underground		
Temporary		
TOTAL amperes		
METERS: (number of)		
	1	
TOTAL		1.00
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		
Cock Tops		
Wall Ovens		
Dryers		
Fans		
TOTAL		
MISCELLANEOUS: (number of)		
Branch Panels	8	
Transformers		32.00
Air Conditioners Central Unit	1	
Separate Units (windows)		10.00
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	4	
Emergency Generators		
		268.00
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:
		267.80

INSPECTOR: _____ Will be ready on 12/15 3rd fl pm, 1993; or Will Call 2nd flr
 CONTRACTOR'S NAME: D L Elect
 ADDRESS: Silver St- Waterville
 TEL.: 873-3435
 MASTER LICENSE NO.: MC60013711 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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

930818

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$145 Zone _____ Map # _____ Lot# _____

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

Owner: Hampstead Hospital Inc Phone # _____
Address: c/o Dirigo Mgt- 45 Exchange St- Portland, ME 04111

LOCATION OF CONSTRUCTION 537 Congress St. @ basement level

Contractor: R P Morrison Bldrs Sub: 392-9418

Address: 169 C Lewiston Rd- Gray Phone # ME 04039

Est. Construction Cost 25,000 Proposed Use: office bldg w renovation

_____ 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 excavate & foundation - only -

_____ For (building government office) Ceiling: _____

Foundation:
1. Type of Soil: - U S Bankruptcy Court -
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. Joist 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 _____

PERMIT ISSUED	
Date <u>7/26/93</u>	
Subdivision _____	
Name <u>SEP 14 1993</u>	
Lot _____	
Ownership: CITY OF PORTLAND	
Estimated Cost <u>25,000</u>	
Zoning: <u>1B</u>	
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
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____ Not in District nor Landmark.
3. Type Ceilings: _____ 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 conditions.
3. Roof Covering Type _____

Chimneys:
Type: _____ Number of Fire Places _____ Date 7/26/93

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 Louise E. Chase

Signature of Applicant Roland Morrison Date 7-26-93

Signature of CEO _____ Date _____

Inspection Dates _____

PLOT PLAN

N
▲

FEES (Breakdown From Front)

Base Fee \$ 145

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Inspection Record		Date
Type		
<i>Planning</i>	<i>Foundation</i>	<i>8011193</i>
<i>Sub</i>	<i>Foundation</i>	<i>10112193</i>
<i>Complete</i>	<i>Foundation</i>	<i>111193</i>

COMMENTS

Signature of Applicant

[Handwritten Signature]

Date 7-26-93

PLOT PLAN



FEES (Break down From Front)

Base Fee \$ 310,000

Subdivision Fee \$ _____

Site Plan Review Fee \$ 200 -

Other Fees \$ _____

(Explain) _____

Late Fee \$ _____

Type	Inspection Record	Date
Went on Municipal		
Inspection on Hwy		
Construction of		
General Planting		
Inspection OK		
for exit of Pde,		

COMMENTS

Signature of Applicant

Ch. Moore

W. H. W.

Date 7/22/93

8-16-93