

924240

Permit #            City of Portland BUILDING PERMIT APPLICATION Fee \$ 50 Zone            Map #            Lot #           

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

Owner: Mercy Hospital Phone # 839-1000

Address: 144 State St- Ptld, ME 04101

LOCATION OF CONSTRUCTION: 144 State St.

Contractor: Murray Const. Co Sub:           

Address:            Phone #           

Est. Construction Cost: 86,000 Proposed Use: hosp w ext/int

Past Use: hosp

# 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 Intr/extr renovations - vestibule

For Official Use Only	
Date: <u>10/5/92</u>	Subdivision: <u>          </u>
Inside Fire <u>          </u>	City: <u>          </u>
Map Code: <u>          </u>	Ownership: <u>          </u>
Time Limit: <u>          </u>	City of Portland
Estimated Cost: <u>86,000</u>	

PERMIT ISSUED	
Street Frontage Provided: <u>          </u>	Side <u>          </u> Side <u>          </u>
Provided Setbacks: Front <u>          </u> Back <u>          </u>	
Review Required: <u>          </u>	Date: <u>OCT 21 1992</u>
Zoning Board Approval: Yes <u>          </u> No <u>          </u>	Date: <u>          </u>
Planning Board Approval: Yes <u>          </u> No <u>          </u>	Date: <u>          </u>
Conditional Use: <u>          </u> Variance <u>          </u>	Size <u>          </u> Subdivision <u>          </u>
Shoreland Zoning Yes <u>          </u> No <u>          </u>	Flood Hazard <u>          </u>
Special Exception <u>          </u>	
Other (Explain) <u>          </u>	

Mail Permit: Theravet/Landmann Assoc

Foundation: 170 U S Rte 1

1. Type of Soil: Falmouth, ME 04105

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 Size            Span(s)           

3. Wall Covering Type           

4. Fire Wall if required           

5. Other Materials           

Ceiling:           

1. Ceiling Joists Size:           

2. Ceiling Strapping Size            Spacing           

3. Type Ceilings:           

4. Insulation Type           

5. Ceiling Height:           

Roof:           

1. Truss or Rafter Size           

2. Sheathing Type            Size           

3. Roof Covering Type           

Chimneys:           

Type:            Number of Fire Pipes           

Heating:           

Type of Heat:           

Electrical:           

Service Entrance Size:            Smoke Detector Required Yes            No           

Plumbing:           

1. Approval of soil test if required Yes            No           

2. No. of Tubs or Showers           

3. No. of Flushes           

4. No. of Lavatories           

5. No. of Other Fixtures           

Swimming Pools:           

Permit Issued by            Date 10/5/92

Signature of Applicant           

CEO's District           

Continued to Reverse Side

White - Tax Assessor

Ivory Tag - CEO

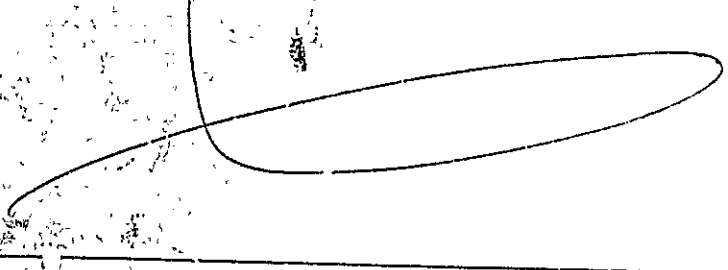
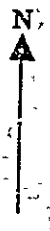
3 Mrs. Low

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

PLAN PLAN

10/23 Demos work started.  
11/12 - WIP OK  
12/13 Work in progress OK.  
12/29 Sliding doors OK? - OK'd by Fire Dept.



FEES (Breakdown From Front)		Inspection Record
	Type	Date
Base Fee \$ 937		
Subdivision Fee \$		
Site Plan Review Fee \$		
Other Fees \$		
(Explain)		
Late Fee \$		

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.

*Agent Fire Dept. [Signature]*  
SIGNATURE OF APPLICANT ADDRESS PHONE NO. 761-3217

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

October 21, 1992

Mercy Hospital  
144 State St  
Portland, ME 04101

Re: 144 State St

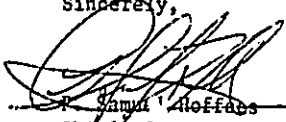
Dear Sir,

Your application to make interior and exterior renovation to your vestibule has been reviewed and a permit is herewith issued subject to the following requirements:

1. Entire area of the addition shall be sprinkler protected in accordance with Section 12-3.5 of N.F.P.A. 101 Life Safety Code.
2. Proposed horizontal sliding doors shown on plans are not permitted. Ref Section 12-2.2.2.9.
3. Ramps, stairs, rails and guards shall be in accordance with Section 12-2.2.6.1, 12-2.2.6.2, and 5-2.2.
4. Existing power operated side hinged doors to be relocated shall be reinstalled in accordance with Section 5-2.1.9.
5. Emergency lighting and marking of the means of egress shall be provided in accordance with Sections 12-2.9 and 12-2.10.
6. All Historic Preservation regulations must be adhered to.
7. All means of egress must comply with all rules for handicapped accessibility, local, state, and federal.
8. Handrails shall extend at least 12" beyond the top riser and at least 12" plus the depth of one tread beyond the bottom riser. At the top, the handrail extension shall be parallel to the walking surface. At the bottom, the handrail shall continue to slope for a distance of the depth of one tread from the bottom riser, with the remainder parallel to the walking surface. The handrail ends shall be returned to a wall or post.
9. All construction debris must be disposed of at the City's authorized reclamation site. Permit for this action can be obtained at the City's treasury office.

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

Sincerely,

  
Samuel P. Hoffses  
Chief of Inspection Services

cc: Gary Hamilton, Historic Preservation  
LT Garroway, Fire Prevention Bureau



City of Portland  
Department of Planning and Urban Development  
Room 211 City Hall, 389 Congress Street  
Portland, Maine 04101 207-874-8300

### HISTORIC PRESERVATION CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

granted a Certificate of Appropriateness, with conditions as indicated.  
 denied a Certificate of Appropriateness.

Historic Resource Inventory Number: \_\_\_\_\_ Assessor's Chart/Block/Lot: \_\_\_\_\_

Property Address: 144 STATE STREET

Applicant: (name) Thomas Gruber, V.P., Mercy Hospital  
(address) 144 State Street  
Portland, ME 04101

Proposed Work (continue on back if necessary): Construction of new entryway vestibule and air shaft at the rear, emergency entrance, per application and Staff report of July 31, 1992.

Conditions of Approval (continue on back if necessary): The applicant shall work with City Preservation Staff to assure brick and mortar work, canopy facing, concrete, railings, and window/door system match existing; and that any holes which remain visible in the brick or mortar be patched to match existing where signage is removed.

Reasons for Denial (continue on back if necessary): \_\_\_\_\_

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.



This Certificate is granted upon condition that the work authorized herein is commenced within twelve (12) months after the date of issuance or if the work authorized by this Certificate is not commenced within twelve (12) months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such Certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding ninety (90) days each may be allowed in writing by the Department.

8/12/92  
Date

*Joseph E. Long*  
Director of Planning and Urban Development

.....  
**Staff Recommendation:**

\_\_\_ Additional Information Requested (date: \_\_\_\_\_ rec'd: \_\_\_\_\_)  
\_\_\_ Approve.  Approve w/ conditions. \_\_\_ Deny. \_\_\_ No Recommendation. Date: 7-31-92  
Conditions: see other side.

**Historic Preservation Committee Recommendation/Decision:**

Required:  Yes \_\_\_ No  
\_\_\_ Approve.  Approve w/ conditions. \_\_\_ Deny. Vote: 4-0-1 (Urban abstaining;  
Conditions: see other side. Kuniholm and Thaxter absent  
8-5-92

**Planning Board Decision:**

Required: \_\_\_ Yes  No  
\_\_\_ Approve. \_\_\_ Approve w/ conditions. \_\_\_ Deny. Vote: \_\_\_\_\_  
Conditions: \_\_\_\_\_

**City Council Decision (Project of Special Merit):**

\_\_\_ Approve. \_\_\_ Approve w/ conditions. \_\_\_ Deny. Vote: \_\_\_\_\_  
Conditions: \_\_\_\_\_

- \_\_\_ 1. Developer demonstrate binding financial commitments, performance guarantees, penal bond.  
\_\_\_ 2. Developer provide full documentation of the resource, provide suitable monument.  
\_\_\_ 3. Other: \_\_\_\_\_

Permit # **030352** City of Portland BUILDING PERMIT APPLICATION Fee \$295 Zone \_\_\_\_\_ Map # **DEE** Lot # **SC11**

Please fill out any part which applies to job. Proper plans must accompany form.  
 Owner: Mercy Hospital Phone # 781-3217  
 Address: 144 State St- Pld, ME 04101 (Ed Theriault)

**For Official Use Only**  
 Date: 5/4/93  
 Inst / Fire Limits: \_\_\_\_\_  
 Zoning Code: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: 55,000  
 Subdivision: \_\_\_\_\_  
 Ownership: \_\_\_\_\_  
 Public: \_\_\_\_\_  
 Private: \_\_\_\_\_

LOCATION OF CONSTRUCTION 144 State St.  
 Contractor: Murray Const. Sht.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Est. Construction Cost: 55,000 Proposed Use: hosp w renovations Zoning: \_\_\_\_\_  
 Past Use: hosp  
 # 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 steel work - ext/int renov- roof & floor

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: WPH 5-6-93 (Explain)

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: \_\_\_\_\_ Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Spacing 16" O.C.  
 4. Joists Size: \_\_\_\_\_ Size: \_\_\_\_\_  
 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 \_\_\_\_\_ 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 \_\_\_\_\_  
 6. 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:  
 Type: \_\_\_\_\_ Number of Fire Flues: \_\_\_\_\_  
 Heating:  
 Type of Heat: \_\_\_\_\_  
 Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_  
 Plumbing:  
 1. Approval of soil test if required \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:  
 1. Type: \_\_\_\_\_ Square Footage: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_  
 3. Must conform to National, Portland Code and State Law.

Permit Received by \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Applicant: Edmond Theriault Date \_\_\_\_\_  
 Signature of CEO: [Signature] Date \_\_\_\_\_  
 Inspection Dates \_\_\_\_\_

White-Tax Assesor Yellow-GPCOG White Tag -CEO **ISSUED** [Signature] © Copyright GPCOG 1986

980580

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$1020 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mercy Hospital Phone # 897-3000  
 Address: 144 State St- Ptd, ME 04101  
 LOCATION OF CONSTRUCTION 144 State St(courtyard infill)  
 Contractor: C F Murray Const. Sub.  
 Address: Box 2530-So Portland, ME Phone # 04106  
 Est. Construction Cost: 200,000 Proposed Use: hosp w addition  
 Past Use: hospital  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size \_\_\_\_\_  
 In Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion construct addition - appx 30'x50' - 2 stories  
(XXXXX courtyard)

**PERMIT ISSUED**  
**For Official Use Only**  
 Date: 7/1/93 Subdivision: \_\_\_\_\_  
 Name: JUL 6 1993  
 Lot: \_\_\_\_\_  
 Blg Code: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: 200,000  
 Ownership: \_\_\_\_\_  
**CITY OF PORTLAND**

Zoning: Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: (explain) \_\_\_\_\_

MAIL PERMIT: Therhault Landmann Assoc  
 Foundation: 170 U S Rte 1- Suite 200  
Falmouth, ME 04105  
 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 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 \_\_\_\_\_

**HISTORIC PRESERVATION**  
 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 \_\_\_\_\_  
 Signature of Applicant: DAVID LANDMANN Date: 7/1/93  
 Signature of CEO: David Landmann Date: \_\_\_\_\_  
 Inspection Dates: \_\_\_\_\_

**PERMIT ISSUED**  
**WITH LETTER**

# APPLICATION FOR SUBMETER



## For Sewer User Charge Adjustments

The undersigned hereby requests permission to install additional water meter(s) in accordance with Section 322.6C of the "Municipal Code of the City of Portland, Maine".

It is understood that all expenses related to the purchase, installation and maintenance of the meter(s) is to be borne by the applicant.

### To be Completed by Applicant

Address where sub-meter is requested 144 STATE ST.

Property owner name MERCY HOSPITAL

Tax Map Reference (on Real Estate Tax Bill) \_\_\_\_\_

Property owner address 144 STATE ST.

Person to be contacted to schedule inspections Philip Saint-Jacques  
(Name and Telephone Number) 774-1461  
PG78

Portland Water District Acct. No. (on bill) P-92-4232

Billing Name & Address (on bill) MERCY HOSPITAL

Location and size existing Portland Water District Service Meter 4"

BUILDING "A" CHILLER MECH. ROOM.

Proposed location and size of sub-meter 2" TOWER (COOLING)

MAKEUP LINE.

Will a remote reading register be utilized? NO  YES If yes, state location \_\_\_\_\_

ON WALL - SAME LOCATION.

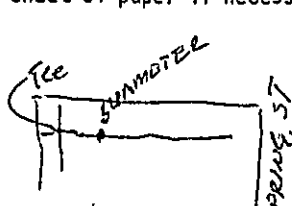
Description of proposed changes in plumbing required for submetering:

REMOVE  
Cut into existing 2" line  
appropriate & before check valve

The volume of water to be submetered can be shown not to enter the sewerage system by virtue of its use for:

Cooling Tower  
Makeup

Sketch plan showing proposed changes in plumbing and the location of existing and proposed meters. Show water flow through submeter to non-discharge equipment or location (use additional sheet of paper if necessary)



I certify the above information is true and correct:

Philip Saint-Jacques  
Signature

NOV. 29, 1983

Sept 6, 1983  
Date



**INSTRUCTIONS**

- First - The applicant is to complete front of this form. The Tax Map Reference can be found on your Real Estate Tax Bill directly following owners name and address in the corner of your Property Tax Bill. Billing name and address should be copied from your Water & Sewer Bill as well as the Portland Meter D. 17111 Account Number which is in the lower left corner of the Water and Sewer Bill.
- Second - Mail completed application form to:  
 City of Portland  
 Dept. of Public Works  
 424 City Hall  
 Portland, Maine 04101  
 ATTN: MR. WILLIAM GOODWIN
- Third - The Public Works Department will call the person indicated on front of form to schedule pre-installation inspection. During this inspection the Public Works section of this form (below) will be completed. Following this inspection Public Works will make copies of the application form. If the application is approved 3 copies will be made, one will be mailed to Portland Water District, one will be mailed to the Applicant. If the application is denied, one copy will be made and mailed to the applicant showing reason for denial.
- Fourth - Upon receipt of a copy of the approved application, the applicant can purchase and install the sub-meter as approved. Following installation the applicant or his plumber must call the Chief Plumbing Inspector at 735-5442 for an inspection of the completed installation. Following inspection by the Chief Plumbing Inspector, the Water District will be requested to test the sub-meter and arrange to have an automatic reading system (if applicable - See General Information) installed when by the volume shown by the submeter will be credited on the Sewer User Charge of the Bill.

**GENERAL INFORMATION**

Section 222.60 of the "Municipal Code of the City of Portland, Maine" reads as follows:

**Sub-metering of Water Volume.** Any person who feels that recorded water meters are not a reliable index of his discharge volume may install an additional water meter of a type approved by the Director to measure the volume of water which can be shown not to enter the sewerage system. The person installing such a meter shall immediately notify the Director of such installation and shall be responsible to the Director for reporting water readings not less often than every three months. Such person shall be credited with the volume charges for the volume shown by such meter, which meter shall be accessible for reading by the City or its agents at all reasonable times.

The City and the District have arranged to relieve the customer from the reporting responsibility required above if both meters can be read simultaneously by the District's Meter Readers during their regularly scheduled visits to read the pre-exist ing service water. This can be accomplished by locating the sub-meter directly adjacent to the pre-existing service water or by equipping the sub-meter located elsewhere with a remote reading register located so both readings can be made at the same time.

Approved meters are Neptune and Rockwell meters, conforming to the following specifications:

1. shall meet or exceed ADA accuracy test requirements and be accompanied by a certificate of test accuracy;
2. the meters will have straight reading, cubic foot registers;
3. the meters will have the meter number stamped into the main case;
4. the meters shall be magnetic drive;
5. shall have either a rotating disc or oscillating piston;
6. shall have a bronze case.

Approved meters are available from the Water District, which sells them for as price the District buys them from the manufacturers. If you wish to purchase a sub-meter from the District you must bring your copy of an approved application with you at time of purchase.

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**TO BE COMPLETED BY PUBLIC WORKS**

Pre-installation inspection by Guy Zazzara  
 on 9-8-83

Automatic reading system requested  YES  NO

A Back Flow Preventer or equal shall be installed in line

Application  Approved  Denied

Comments

**TO BE COMPLETED BY THE PLUMBING INSPECTOR**

An inspection of the completed installation of the submetering system approved on this application was conducted on 9-27-83 by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Portland.

- The submetering system was installed as approved.  
 No cross connections were found.

The installation is  approved  dis-approved Ernold Goodwin

**TO BE COMPLETED BY THE WATER DISTRICT**

Date subm 9-20-83  
 Submeter number P-92-PG7B  
 Submeter manufacturer 1" ROCKWELL # 31392083  
 Submeter installation readings 0000  
 Submeter account entered into computer 11-9-83  
 Submeter account entered into meter book 1-29-83  
 Special instructions

# APPLICATION FOR SUBMETER



For Sewer User Charge Adjustments

The undersigned hereby requests permission to install additional water meter(s) in accordance with Section 322.6C of the "Municipal Code of the City of Portland, Maine".

It is understood that all expenses related to the purchase, installation and maintenance of the meter(s) is to be borne by the applicant.

## To be Completed by Applicant

Address where sub-meter is requested 144 STATE ST.

Property owner name MERCY HOSPITAL

Tax Map Reference (on Real Estate Tax Bill) \_\_\_\_\_

Property owner address 144 STATE ST.

Person to be contacted to schedule inspections TOM GRUBER 774-1  
(Name and Telephone Number) EXT. 574

Portland Water District Acct. No. (on bill) P-92-4232

Billing Name & Address (on bill) MERCY HOSPITAL, 144 STATE ST.

Location and size existing Portland Water District Service Meter MAINT. SHOP

2"

Proposed location and size of sub-meter Boiler Room; 1 1/2"

Will a remote reading register be utilized?  YES (If yes, state location in Maint. Shop above Service Meters)

Description of proposed changes in plumbing required for submetering:

NONE

Sketch plan showing proposed changes in plumbing and the location of existing and proposed meters. Show water flow through submeter to non-discharge equipment or location (use additional sheet of paper if necessary)

The volume of water to be submetered can be shown not to enter the sewerage system by virtue of its use for:

STEAM GENERATION

I certify the above information is true and correct:

Thomas J. Bowley  
Signature

MAR. 11, 1983

Jim 10, 1982  
Date

**INSTRUCTIONS.**

- First - The applicant is to complete front of this form. The Tax Map Reference can be found on your Real Estate Tax Bill directly following owners name and address in the center of your Property Tax Bill. Billing name and address should be copied from your Water & Sewer Bill as well as the Portland Water District Account Number which is in the lower left corner of the Water and Sewer Bill.
- Second - Fill completed application form to:  
 City of Portland  
 Dept. of Public Works  
 424 City Hall  
 Portland, Maine 04201  
 ATTN: MR. WILLIAM GOODWIN
- Third - The Public Works Department will call the person indicated on front side to schedule pre-installation inspection. During this inspection the Public Works section of this form (below) will be completed. Following this inspection Public Works will make copies of the application form. If the application is approved 3 copies will be made. One will be mailed to the Portland Water District, one will be forwarded to the City Plumbing Inspector and one will be mailed back to the Applicant. If the application is denied, one copy will be made and mailed to the applicant showing reason for denial.
- Fourth - Upon receipt of a copy of the approved application, the applicant can purchase and install the sub-meter as approved. Following installation the applicant or his plumber must call the Chief Plumbing Inspector at 775-5451 Ext. 400 for an inspection of the completed installation. Following inspection by the Chief Plumbing Inspector, the Water District will be requested to seal the sub-meter and arrange to have an automatic reading system (if applicable - See General Information) installed where by the volume shown by the sub-meter will be credited on the Sewer User Charge of the Bill.

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**GENERAL INFORMATION**

Section 22.1C of the "Municipal Code of the City of Portland, Maine" follows:

**Submetering of Water Volume.** Any person who feels that recorded water records are not a reliable index of his discharge volume may install an additional water meter of a type approved by the Director to measure the volume of water which can be shown not to enter the sewerage system. The person installing such a meter shall immediately notify the Director of such installation and shall be responsible to the Director for reporting meter readings not less often than every three months. Such person shall be credited with the volume charges for the volume shown by such meter, which meter shall be accessible for reading by the City or its agents at all reasonable times.

The City and the District have arranged to relieve the customer from the reporting responsibility required above if both meters can be read simultaneously by the District Meter Readers during their regularly scheduled visits to read the pre-existing service meter. This can be accomplished by locating the sub-meter directly adjacent to the pre-existing service meter or by equipping the sub-meter located elsewhere with a remote reading register located so both readings can be made at the same time.

Approved meters are, Neptune and Rockwell meters, conforming to the following specifications:

1. shall meet or exceed ANSI accuracy test requirements and be accompanied by a certificate of test accuracy.
2. the meters will have straight reading, cubic foot registers.
3. the meters will have the meter number stamped into the main case.
4. the meters shall be magnetic drive.
5. shall have either a rotating disc or oscillating piston.
6. shall have a bronze case.

Approved meters are available from the Water District, which bills them for the price the District buys them from the manufacturers. If you wish to purchase a sub-meter from the District you must bring your copy of an approved application with you at time of purchase.

**TO BE COMPLETED BY PUBLIC WORKS**

Pre-installation inspection by William B. Goodwin  
 on January 25, 1983

Automatic reading system requested  YES  NO

~~Existing~~ Back Flow Preventer or equal shall be installed is O.K. No Cross-Connections Found.

Application  Approved  Denied

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY THE PLUMBING INSPECTOR**

An inspection of the completed installation of the submetering system approved on this application was conducted on 3-8-83 by Ernie R. Goodwin, Chief Plumbing Inspector of the City of Portland.

- The submetering system was installed as approved.  
 No cross connections were found.

The installation is  approved  dis-approved

**TO BE COMPLETED BY THE WATER DISTRICT**

Date submeter sold 2-8-83  
 Submeter account number P-92-4232  
 Submeter make and number 1" R # 294-892-88  
 Submeter installation readings 0006  
 Submeter account entered into computer \_\_\_\_\_  
 Submeter account entered into meter book \_\_\_\_\_  
 Special Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

930352

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$295 Zone \_\_\_\_\_ Map # PERMIT Lot # \_\_\_\_\_

Owner: Mercy Hospital Phone # 781-3217  
Address: 144 State St- Pld, ME 04101 (Ed Theriault)

LOCATION OF CONSTRUCTION 144 State St.

Contractor: Murray Const. Sub: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: 55,000 Proposed Use: hosp w renovations Zoning: \_\_\_\_\_

Past Use: hosp

# 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 steel work - ext/int renov- roof & floor

**For Official Use Only** 05/11/1993

Date: 5/11/93 Subdivision: \_\_\_\_\_

Inside Fire Limits: \_\_\_\_\_

Bldg. Code: \_\_\_\_\_

Time Limit: \_\_\_\_\_

Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Estimated Cost: 55,000

Street Frontage Provided: \_\_\_\_\_

Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

How 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: 11-11-5-6-93 (Explain) \_\_\_\_\_

**Foundation:** (existing courtyard ceiling)

1. Type of Soil: \_\_\_\_\_

2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s): \_\_\_\_\_

3. Footings Size: \_\_\_\_\_

4. Foundation Size: \_\_\_\_\_

5. Other: \_\_\_\_\_

**Floors:**

1. Sills Size: \_\_\_\_\_ Sills must be anchored.

2. Girder Size: \_\_\_\_\_

3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_

4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.

5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_

6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_

7. Other Material: \_\_\_\_\_

**Exterior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_

2. No. windows \_\_\_\_\_

3. No. Doors \_\_\_\_\_

4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_

5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_

6. Corner Posts Size \_\_\_\_\_

7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_

8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_

9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_

10. Masonry Materials \_\_\_\_\_

11. Metal Materials \_\_\_\_\_

**Interior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_

2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_

3. Wall Covering Type \_\_\_\_\_

4. Fire Wall if required \_\_\_\_\_

5. Other Materials \_\_\_\_\_

**Ceiling:**

1. Ceiling Joists Size: \_\_\_\_\_ HISTORIC PRESERVATION

2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_

3. Type Ceilings: \_\_\_\_\_ Not in District nor LANDMARK

4. Insulation Type \_\_\_\_\_ Size: Does not require review

5. Ceiling Height: \_\_\_\_\_ Requires Review

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_

2. Sheathing Type \_\_\_\_\_ APPROVED

3. Roof Covering Type \_\_\_\_\_ Approved with Conditions

**Chimneys:**

Type: \_\_\_\_\_ Number of Fire Places: 5-6-93

**Heating:**

Type of Heat: \_\_\_\_\_ Signature: PL. Meyer

**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 \_\_\_\_\_

**PERMIT ISSUED WITH LETTER**

**PERMIT ISSUED WITH LETTER**

Permitted by: Louise F. [Signature]

Signature of Applicant: \_\_\_\_\_

Signature of CEO: \_\_\_\_\_

Ed No. \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

May 11, 1993

RE. 144 State Street

Mercy Hospital  
144 State St.  
Portland, Maine 04101

Dear Sir:

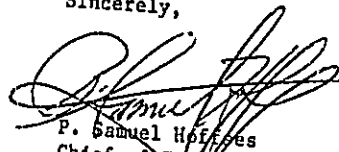
Your application to make exterior/interior renovations (steelwork) has been reviewed and a permit is herewith issued subject to the following requirement:

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

This permit is being issued with the understanding that Article 13 section 1308.0 special inspection of the City's building code BOCA National Building Code is adhered to. (See attached)

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

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el

cc: LT. Gaylen McDougall, Fire Prevention Bureau

approvals heretofore in effect, shall be permitted to continue, if not detrimental to life, health or safety of the public.

**SECTION 1308.0 SPECIAL INSPECTIONS**

1308.1 General: The permit applicant shall provide *special inspections* where application is made for construction as described in this section. The special inspectors shall be provided by the owner and shall be qualified and approved for the inspection of the work described herein.

**Exceptions**

1. *Special inspections* are not required for work of a minor nature or when warranted by conditions in the jurisdiction
2. *Special inspections* are not required for building components unless the design involves the practice of professional engineering or architecture as defined by applicable state statutes and regulations governing the professional registration and certification of engineers or architects.
3. *Special inspections* are not required for buildings of Use Group R-3.

1308.1.1 Building permit requirement: The permit applicant shall submit a statement of *special inspections* as a condition for permit issuance. This statement shall include a complete list of materials and work requiring *special inspection* by this section, the *inspections* to be performed and a list of the individuals, *approved agencies* and/or firms intended to be retained for conducting such inspections.

1308.1.2 Report requirement: Special inspectors shall keep records of all *inspections*. The special inspector shall furnish *inspection reports* to the code official, and to the engineer or architect of record. All discrepancies shall be brought to the immediate attention of the contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and to the architect or engineer of record. A final report of *inspections* documenting completion of all required *special inspections* and correction of any discrepancies noted in the *inspections* shall be submitted prior to the issuance of a *certificate of use and occupancy*. Interim reports shall be submitted periodically at a frequency agreed upon by the owner and the code official prior to the start of work.

1308.2 Inspection of fabricators: Where fabrication of structural loadbearing members and assemblies is being performed on the premises of a fabricator's shop, *special inspection of the fabricated items* shall be required. The *fabricated items* shall be inspected as required by this section and as required elsewhere in this code.

1308.2.1 Fabrication procedures: The special inspector shall verify that the fabricator maintains detailed fabrication and quality control procedures which provide a basis for inspection control of the workmanship and the fabricator's ability to conform to approved drawings, project specifications and referenced standards. The special inspector shall review the procedures for completeness and adequacy relative to the code requirements for the fabricator's scope of work.

## MATERIALS AND TESTS

**1308.2.2 Procedures implemented.** The special inspector shall verify that the fabricator is properly implementing the fabrication and quality control procedures outlined in Section 1308.2.1.

Exception: *Special inspections* as required by Section 1308.2 shall not be required when the fabricator maintains an agreement with an *approved independent inspection or quality control agency* to conduct periodic in-plant inspections at the fabricator's plant, at a frequency that will assure the fabricator's conformance to the requirements of the *inspection agency's* approved quality control program.

**1308.3 Steel construction:** The *special inspections* for steel elements of buildings and structures shall be as required by Sections 1308.3.1 through 1308.3.3.3.

**1308.3.1 Inspection of steel fabricators:** The permit applicant shall provide *special inspection of steel fabricated items* in accordance with the provisions of Section 1308.2.

Condition: *Special inspection* of the steel fabrication process shall not be required when the fabricator does not perform any welding, thermal cutting or heating operation of any kind as part of the fabrication process. In such cases, the fabricator shall be required to submit a detailed procedure for material control which demonstrates the fabricator's ability to maintain suitable records and procedures such that, at any time during the fabrication process, the material specification, grade and mill test reports for the main stress-carrying elements and bolts can be determined.

**1308.3.2 Material receiving:** All main stress-carrying elements, welding material and bolting material shall be *inspected* for conformance to Table 1308.3.2.

Table 1308.3.2  
INSPECTION FOR STEEL MATERIALS

Material	Inspection required	Reference <sup>a</sup> for criteria
Bolts, nuts, washers	<ol style="list-style-type: none"> <li>1. Material identification markings.</li> <li>2. Conformance to ASTM standards specified by the design engineer. Manufacturer's certificate of compliance is required.</li> </ol>	Applicable ASTM material specification <i>AISC Specification for Structural Steel Buildings — Allowable Stress Design and Plastic Design, Section A3.4</i> <i>AISC Specification for Structural Steel Buildings — Load and Resistance Factor Design Specification for Structural Steel Buildings, Section A3.3</i>
Structural steel	<ol style="list-style-type: none"> <li>1. Material identification markings.</li> <li>2. Conformance to ASTM standards specified in the approved plans and specifications</li> </ol>	ASTM A6 or ASTM A568  Provide certified test reports in accordance with ASTM A6 or ASTM A568

Table 1308.3.2 (cont'd.)  
INSPECTION FOR STEEL MATERIALS

Material	Inspection required	Reference <sup>a</sup> for criteria
Weld filler materials	1. Conformance to AWS specification as specified in the approved plans and specifications. Manufacturer's certificate of compliance is required.	AISC Specification for Structural Steel Buildings — Allowable Stress Design and Plastic Design, Section A3.6 AISC Specification for Structural Steel Buildings — Load and Resistance Factor Design Specification for Structural Steel Buildings, Section A3.5

1308.3.3 Erection: *Special inspections* are required for bolts, welding and details as specified in Sections 1308.3.3.1 through 1308.3.3.3.

1308.3.3.1 Installation of high-strength bolts: *Inspection* shall be as specified in Section 8 of the AISC Specification for Structural Joints Using A325 or A490 Bolts listed in Appendix A.

1308.3.3.2 Welding: *Weld inspection* shall be in compliance with Section 6 of AWS D1.1 listed in Appendix A. *Weld inspectors* shall be certified in accordance with AWS D1.1 listed in Appendix A.

1308.3.3.3 Details: The special inspector shall perform an *inspection* of the steel frame to verify compliance with the details shown on the approved drawings, such as bracing, stiffening, member locations and proper application of joint details at each connection.

1308.4 Concrete construction: The *special inspections* for concrete structures and concreting operations shall be as required by Sections 1308.4.1 through 1308.4.7.

Exceptions: *Special inspections* shall not be required for:

1. Concrete footings of buildings three stories or less in height which are fully supported on earth or rock.
2. Nonstructural concrete slabs supported directly on the ground, including prestressed slabs on grade, when the effective prestress in the concrete is less than 150 psi (0.11 kg/mm<sup>2</sup>).
3. Plain concrete foundation walls constructed in accordance with Table 1222.2.2.
4. Concrete patios, driveways and sidewalks, on grade.

1308.4.1 Materials: In the absence of sufficient data or documentation providing evidence of conformance to quality standards for materials in Chapter 3 of ACI 318 listed in Appendix A, the code official shall require testing of materials in accordance with the appropriate standards and criteria for the material in Chapter 3 of ACI 318 listed in Appendix A.

1308.4.2 Installation of reinforcing and prestressing steel: The location and installation details of reinforcing and prestressing steel shall be inspected for



compliance with the approved drawings, specifications and ACI 318 (such as Sections 7.4, 7.5, 7.6 and 7.7) listed in Appendix A.

**1308.4.3 Formwork:** Forms for concrete, if used, shall be inspected for compliance with Section 6.1 of ACI 318 listed in Appendix A, and with any additional design requirements specified on the approved plans and specifications. Inspection of form removal and reshoring shall be conducted to verify compliance with Section 6.2 of ACI 318 listed in Appendix A.

**1308.4.4 Concreting operations:** During placing and curing of concrete, the special inspections listed in Table 1308.4.4 shall be performed.

Table 1308.4.4  
REQUIRED INSPECTIONS DURING CONCRETING

Required inspection	Reference <sup>a</sup> for criteria
1. Evaluation of concrete strength, except as exempted by Section 1503.4.1(3) of this code.	ACI 318 Section 5.6
2. Inspection for use of proper mix proportions and proper mix techniques.	ACI 318 Chapter 4, Sections 5.2, 5.3, 5.4 and 5.8
3. Inspection during concrete placement, for proper application techniques.	ACI 318 Sections 5.9 and 5.10
4. Inspection for maintenance of specified curing temperatures and techniques.	ACI 318 Sections 5.11, 5.12 and 5.13

Note a. ACI 318 listed in Appendix A.

**1308.4.5 Inspection during prestressing:** Inspection during the application of prestressing forces shall be performed to determine compliance with Section 18.18 of ACI 318 listed in Appendix A.

**1308.4.6 Manufacturers of precast concrete:** Inspection of the manufacture of precast concrete, as required by Section 1308.2, shall be in accordance with PCI MNL 116 and PCI MNL 117 listed in Appendix A.

**1308.4.7 Erection of precast concrete:** Erection of precast concrete shall be inspected for compliance with the approved plans and erection drawings.

**1308.5 Masonry construction:** The special inspections listed in Table 1308.5 shall be required for masonry construction where concrete masonry is designed in accordance with ACI 530/ASCE 5 listed in Appendix A.

Table 1308.5  
SPECIAL INSPECTIONS FOR MASONRY CONSTRUCTION

Inspection or test	Referenced <sup>a</sup> criteria	
	ACI 530/ ASCE 5	ACI 530.1/ ASCE 6
1. Material		Sec 2.2
2. Masonry strength		Sec 1.6
3. Construction operations: a. proportioning, mixing consistency of mortar and grout		Sec. 2.3 2.5 Sec. 4.2 2

Table 1308.5 (cont'd.)  
SPECIAL INSPECTIONS FOR MASONRY CONSTRUCTION

Inspector: or test	Referenced <sup>a</sup> criteria	
	ACI 530/ ASCE 5	ACI 530.1/ ASCE 6
b. Application of mortar grout and masonry units	Chapter 8	Sec. 2.3.3.3
c. Condition, size, location and spacing of reinforcement		Sec. 4.3.3
d. Protection of masonry during cold weather (temperature below 40 degrees F.) or hot weather (temperature above 100 degrees F.)		Sec. 2.3.2.2 Sec. 2.3.2.3
e. Anchorage		Sec. 4.2 Sec. 5.14

Note a. The specific standards referenced are those listed in Appendix A.

1308.6 Wood construction: *Special inspections* of the fabrication process of wood structural elements and assemblies shall be in accordance with Section 1308.2.

1308.7 Pile foundations: *Special inspections* of pile foundations are required: as provided for in Section 1213.12 of this code.

1308.8 Special cases: *Special inspections* shall be required for proposed work which is, in the opinion of the code official, unusual in its nature, such as:

1. Construction of materials and systems which are alternatives to materials and systems prescribed by this code.
2. Unusual design applications of materials described in this code.
3. Materials and systems required to be installed in accordance with additional manufacturer's instructions that prescribe requirements not contained in this code or in standards prescribed by this code.

930580

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$1020 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mercy Hospital Phone # 997-3000  
 Address: 144 State St- Pld, ME 04101  
 LOCATION OF CONSTRUCTION 144 State St(courtyard infill)  
 Contractor: C F Murray Const. Sub.  
 Address: Box 2530-So Portland, ME Phone # 04105  
 Est. Construction Cost: 200,000 Proposed Use: hosp w addition  
 Past Use: Hospital  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stairs \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion: construct addition - appx 30'x50' - 2 stories  
(in courtyard)

**PERMIT ISSUED**  
 For Official Use Only  
 Date 7/1/93 Subdivisor Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_  
 Flag Code \_\_\_\_\_ Ownership \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost: 200,000  
**CITY OF PORTLAND**

Zoning: \_\_\_\_\_  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_

**HISTORIC PRESERVATION**

MAIL PERMIT: Therault & Mann Assoc  
 Foundation: 170 U S Rte Suite 200  
 1. Type of Soil: Falmouth, ME 04105  
 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: \_\_\_\_\_ Requires Review  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 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 \_\_\_\_\_ Approved with Conditions  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

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 \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal 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 \_\_\_\_\_

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 \_\_\_\_\_  
 3. Must conform to National Fire Protection Code  
 Permit Received By Lou (seal) WATERS  
 Signature of Applicant \_\_\_\_\_  
 Signature of CEO David Landmann Date \_\_\_\_\_

**PERMIT ISSUED WITH LETTER**

**PERMIT ISSUED WITH LETTER**

PLOT PLAN



FELS (Breakdown From Front)

Base Fee \$ 7020

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

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

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

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

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

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

COMMENTS

*Completed as per Plans.*

Signature of Applicant

Date

*7/1/93*



Inspection Services  
Samuel F. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

July 7, 1993

Theriault/Landmann Associates  
170 U.S. Route 1, Suite 200  
Falmouth, Maine 04105

RE: 144 State Street

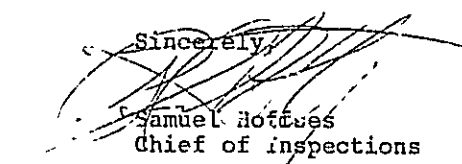
Dear Sir,

Your application to construct an addition 30'x 50' (two stories) has been reviewed and a permit is herewith issued subject to the following requirements:

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

1. Fire Alarm system shall be extended to new addition.
2. A fire alarm acceptance report shall be submitted to the Portland Fire Prevention bureau.
3. Sprinkler work must be approved by the State Fire Marshall.
4. Exist signs, lights and means of egress lightning shall be done in accordance with Article 8 section and subsection 822. and 823 of the City's building code. BOCA National Building Code 1990.

Sincerely,

  
Samuel Hoffses  
Chief of Inspections

cc: Lt. G. MacDougall - Fire Prevention Bureau  
/Attachment



City of Portland  
 Department of Planning and Urban Development  
 Room 211 City Hall, 389 Congress Street  
 Portland, Maine 04101 207-874-8300

Form 31.00

**HISTORIC PRESERVATION  
 APPLICATION FOR CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: MERCY HOSPITAL, 144 STATE ST

Applicant: (name) T/L AGOOD (telephone) 781-3217  
 (company) WALTERS CONTRACTORS  
 (address) \_\_\_\_\_

Property Owner, if different: (name) \_\_\_\_\_  
 (address) \_\_\_\_\_  
 (telephone) \_\_\_\_\_

Architect (if any): \_\_\_\_\_ IN FULL OF COURTYARD  
 Contractor or Builder (if any): \_\_\_\_\_ CAN'T BE SEEN FROM EXTERIOR

Local Designation: \_\_\_ within historic district: (name) \_\_\_\_\_  
 \_\_\_ Landmark. \_\_\_ Contributing. \_\_\_ Non-contributing.  
 National Register Status: \_\_\_ Landmark. \_\_\_ District. \_\_\_ Not Applicable.

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):  
 \_\_\_\_\_  
 \_\_\_\_\_

Work is proposed in conjunction with: \_\_\_ Major site plan application. \_\_\_ Minor site plan application.  
 \_\_\_ Building permit application. \_\_\_ None of the above.

Applicant's Signature \_\_\_\_\_ Owner's Signature (if different) \_\_\_\_\_

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

**FOR CITY USE ONLY**  
 Historic Resource Inventory Number: \_\_\_\_\_ Assessor's Chart/Block/Lot: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date Application Complete \_\_\_\_\_

940349

MAIL PERMIT TO T/L ASSOCIATES 170 U. S. RT. 1 FALMOUTH, ME 04105  
Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$220.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

DEPARTMENT OF PERMITS

Owner: Mercy Hospital Phone # 879-3000  
Address: 144 State St. Portland, 04101  
LOCATION OF CONSTRUCTION 144 State St.  
Contractor: C.H. Murray Sub: \_\_\_\_\_  
Address: Main St. So. Portland 04106 Phone # \_\_\_\_\_  
Est. Construction Cost: 40,000 Proposed Use: mammo unit  
Past Use: vacant space  
# 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 fit up as per plans

For Official Use Only  
Date April 22, 1994 Sub-division APR 29 1994  
Inside Fire Limits \_\_\_\_\_  
Bldg Code \_\_\_\_\_  
Time Limit \_\_\_\_\_  
Estimated Cost 40,000  
Ownership: \_\_\_\_\_  
CITY OF PORTLAND

Zoning: R-6  
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) WPA 94-26-94

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

Floor:  
1. Sills Size \_\_\_\_\_ Sills must be anchored.  
2. Girder Size: \_\_\_\_\_  
3. Lally Column Spacing \_\_\_\_\_ Size: \_\_\_\_\_  
4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.  
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
7. Other Material: \_\_\_\_\_

Exterior Walls:  
1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
2. No. windows \_\_\_\_\_  
3. No. Doors \_\_\_\_\_  
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
6. Corner Posts Size \_\_\_\_\_  
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
10. Masonry Materials \_\_\_\_\_  
11. Metal Materials \_\_\_\_\_

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

Ceiling: **HISTORIC PRESERVATION**  
1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_ Not in District per Landmark  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Does not require review  
3. Type Ceilings: \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_ Requires Review  
5. Ceiling Height: \_\_\_\_\_

Roof:  
1. Truss or Rafter Size \_\_\_\_\_ Spacing: Approved  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approved with conditions  
3. Roof Covering Type \_\_\_\_\_

Chimneys:  
Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Date: 4/22/94

Heating:  
Type of Heat: \_\_\_\_\_

Electrical:  
Service Entrances 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 Use Group - 1-2 Type T-A  
5. No. of Other Fixtures \_\_\_\_\_

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

PERMIT ISSUED WITH LETTER

Permit Received By [Signature]  
Signature of Applicant [Signature] Date 4/22/94  
City of Portland

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO [Signature] Ms. Manson

White - Tax Assessor

45-C-6

**STATE OF MAINE**  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF STATE FIRE MARSHAL  
AUGUSTA  
**CONSTRUCTION PERMIT**



Permit No. 5042

PERMISSION IS HEREBY GIVEN TO:	Location of project:	PROJECT TITLE:
<u>Mercy Hospital</u>	<u>State Street</u>	<u>Vertical Expansion Project</u>
<u>144 State Street</u>	<u>Portland, ME</u>	OCCUPANCY CLASSIFICATION
<u>Portland, ME 04101</u>		<u>Hospital</u>

To construct or alter the afore referenced building accor. ing to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on Janaury 27, 1994.

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Dated the 28th day of July A.D. 1993

FEE \$45.00

*James R. Clune*

Commissioner - Public Safety

**STATE OF MAINE**  
**DEPARTMENT OF PUBLIC SAFETY**  
**OFFICE OF STATE FIRE MARSHAL**  
**AUGUSTA**  
**CONSTRUCTION PERMIT**



Permit No. 6305

PERMISSION IS HEREBY GIVEN TO:

Location of project:

PROJECT TITLE:

Mercy Hospital

144 State Street

3 South Waiting

144 State street

144 State Street

OCCUPANCY CLASSIFICATION:

Portland, ME 04101

Portland, ME

Business

To construct or alter the above referenced building according to the plans hereto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on July 4, 1994.

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Dated the 5th day of January A.D. 1994

FEE \$ 75.00

\*SPRINKLED

*John R. Clapp*

Commissioner of Public Safety



STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF STATE FIRE MARSHAL  
AUGUSTA  
CONSTRUCTION PERMIT



PERMISSION IS HEREBY GIVEN TO.

Location of project.

Permit No. 5442

Mercy Hospital

PROJECT TITLE:

Kitchen Renovation

144 State Street

144 State Street

OCCUPANCY CLASSIFICATION

Portland, ME 04101

Portland

Hospital

To construct or alter the above referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on November 26th, 1992.

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

*Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.*

Dated the 27th day of May A.D. 19 92.

FEE \$ 45.00

Commissioner - Public Safety

DEC-13-99 TIME 11:18:02

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101. Tel: (207) 874-8033, FAX: 874-8716

Location of Construction: <b>144 State St</b>		Owner: <b>Mercy Hospital</b>		Phone:		Permit No: <b>951147</b>	
Owner Address:		Leasee/Buyer's Name		Phone:		Business Name	
Contractor Name: <b>Murray Construction</b>		Address <b>So. Portland, ME</b>		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>  <small>Permit Issued</small>  <b>NOV - 3 1995</b>  <b>CITY OF PORTLAND</b> </div>	
Past Use: <b>Hospital</b>		Proposed Use <b>Int Reno</b> <i>Update Rehab Codes</i>		COST OF WORK: <b>\$ 20,000.00</b>			
Proposed Project Description <b>Make Int Renovations E-1 Level</b>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTIO Use Group <b>2</b> <i>A</i> Signature: <i>[Signature]</i> <b>BOCA 413</b> Signature: <i>[Signature]</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zone: CBL: R-2 Zoning Approval: <i>[Signature]</i> <b>11/1/95</b> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
				Signature: _____ Date: _____		Permit Taken By: _____ Date Applied For: _____	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules
  - Building permits do not include plumbing, septic or electrical work
  - Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.
- To Use Dump Permits from "Birth Place" Permit.

**PLANNING**  
**Professional/Landman Assoc., Inc.**  
 170 U.S. Rt 1  
 Waltham, ME 04105

**PERMIT ISSUED WITH LETTER**

**CERTIFICATION**

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

SIGNATURE OF APPLICANT *[Signature]* **David Landman** ADDRESS **16 Park St 1** DATE **31 October 1995** PHONE **715-17**

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Action:  
 Approved  
 Approved with Conditions  
 Denied

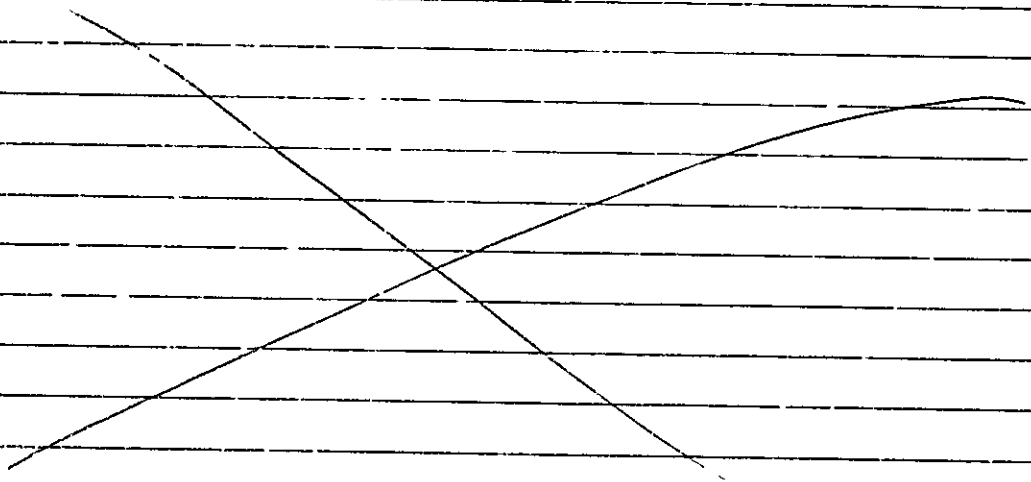
Date: *[Signature]* **11/1/95**

Historic Preservation:  
 National District or Landmark  
 Does Not Require Review  
 Requires Review

CEO DISTRICT **3**

COMMENTS

2/27/94 Space occupied by "Upbeat Cardiac Rehabilitation"  
Hospital has omitted the use of space as Medical  
offices in voided drawings indicated as such  
by myself space is ok to occupy



	Type	Inspection Record	Date
Foundation.	_____	_____	_____
Framing.	_____	_____	_____
Plumbing:	_____	_____	_____
Final	_____	_____	_____
Other	_____	_____	_____

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

November 2, 1995

Theriault, Landman Associates, Inc.  
170 U. S. Route 1  
Falmouth, ME 04105

RE: 144 State Street

Dear Sir,

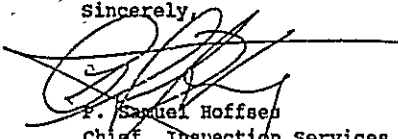
Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the requirements listed below. This permit does not excuse the applicant from meeting applicable State and Federal laws.

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

1. The sprinkler system shall be maintained to NFPA #13 Standards.
2. The fire alarm system shall be maintained to NFPA #72 Standards.

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

Sincerely,

  
P. Samuel Hoffses  
Chief, Inspection Services

cc: Lt. McDougall

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <b>144 State St</b>		Owner: <b>Mercy Hospital</b>		Phone:		Permit No: <b>51285</b>	
Owner Address:		Leasee/Buyer's Name:		Phon.		BusinessName:	
Contractor Name: <b>C.B. Murray Construction</b>		Address: <b>P.O. Box 2530 So. Fld, ME</b>		Phone: <b>04136</b>		<div style="border: 1px solid black; padding: 5px;"> <b>PERMIT ISSUED</b>                  Permit Issued:  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>DEC - 6 1995</b> </div> </div>	
Past Use: <b>Hospital</b>		Proposed Use: <b>Same</b>		COST OF WORK: \$ <b>12,000.00</b>			
FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <b>E-2</b> Type: <b>11</b> Signature: <i>[Signature]</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning: <b>CBL</b> Zoning Approval: <i>[Signature]</i> Special Zone by Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Proposed Project Description: <b>Make Interior Renovations 5 South Wing Nursing Station &amp; Waiting Room</b>		Signature: <i>[Signature]</i>		Date:			
Permit Taken By: <b>Mary Greak</b>		Date Applied For: <b>05 December 1995</b>					

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work

Using previously purchased dump ticket for Mercy Hospital 20-0135/00277

**CERTIFICATION**

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

*[Signature]* **51 BARKER BUD.** **Dec. 5 95** **842-6260**  
 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

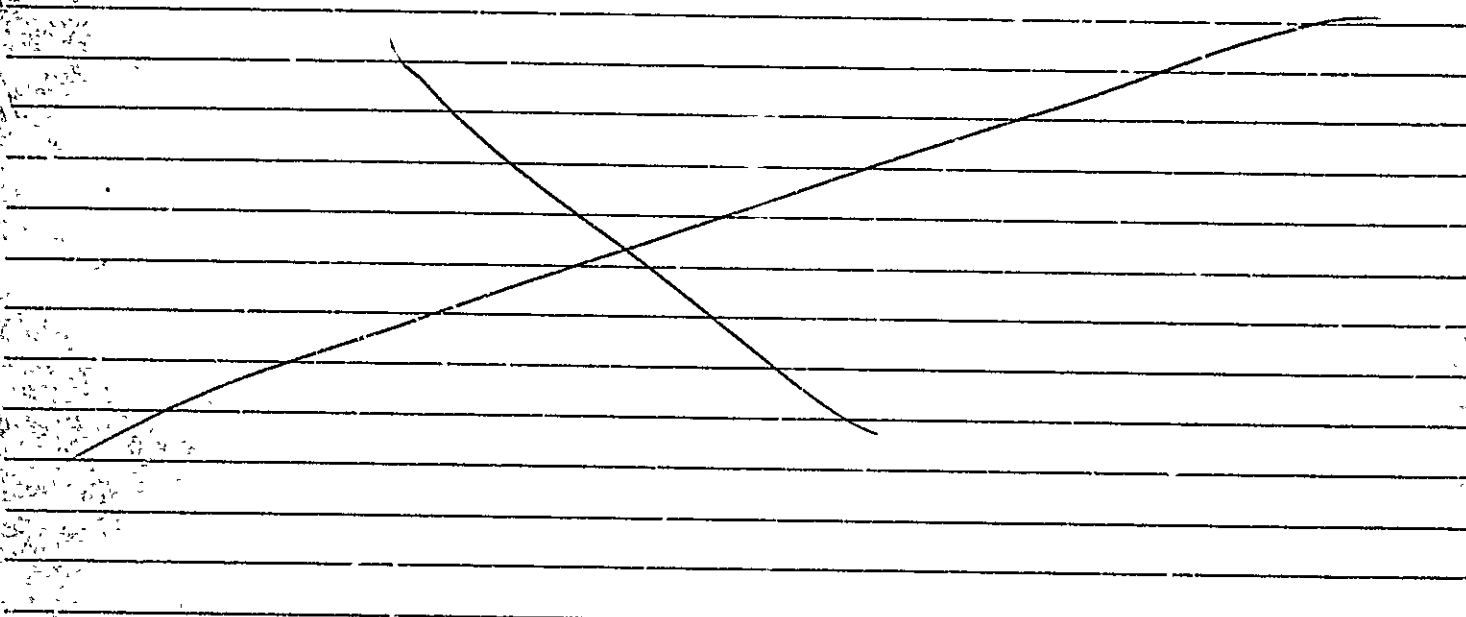
White-Permit Desk Green-Assessor's Canary-D.R.W. Pink-Public File Ivory Card-Inspector

Date: *12/5/95*  
*[Signature]*  
 CEO DISTRICT: **3**  
*MS ERP 5022*



COMMENTS

2/27/90 work completed per submitted plans.



	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____



CITY OF PORTLAND, MAINE.  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 144 State St

Issued to **Narcy Hospital**

Date of Issue **1<sup>st</sup> August 1995**

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. 950811, 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

1st fl Phases 1 thr 3

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

8/15/95 *Dorey Co. [Signature]*  
(Date) Inspector

9/15/95 -B

APPROVED OCCUPANCY

Birth Place  
C-Section Room # 108  
Tub Room #3  
Environmental Closet  
Rooms 109 & 123  
Admin & Family waiting  
Room #104 & Tub Room #3

*[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 lessee for one dollar.

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <b>144 State St</b>		Owner: <b>Mercy Hospital</b>	Phone:	Permit No: <b>950811</b>
Owner Address:		Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: <b>Murray Construction</b>		Address:		Phone:
Past Use: <b>Hospital</b>	Proposed Use: <b>Same</b>	COST OF WORK: <b>\$ 175,000.00</b>	PERMIT FEE: <b>\$ 895.00</b>	<b>PERMIT ISSUED</b> Permit Issued: <b>AUG - 4 1995</b> <b>CITY OF PORTLAND</b>
Proposed Project Description: <b>Make Interior Renovations Birth Place 1st fl Phases 1 thru 3</b>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group Type: <b>200043</b>	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zone: CBL: <b>045-C-007</b>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <b>0/3/95</b> <input type="checkbox"/> Special Zoning or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: <b>Nary Cresik</b>	Date Applied For: <b>02 August 1995</b>			

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Call David Landmann 781-3217 for P/U

20-0135/00277 20 Yard Container

**PERMIT ISSUED WITH LETTER**

**CERTIFICATION**

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

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: DATE: **02 August 1995** PHONE: **781-3217**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.R.W. Pink-Public File Ivory Card-Inspector

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation**
- Not In District of Landmark
  - Does Not Require Review
  - Requires Review

- Action:**
- Approved
  - Approved with Conditions
  - Denied

Date: **8/3/95**

CEO DISTRICT **3**

*A. S. [Signature]*

(Murray Co.) COMMENTS

8/15/95 Contractor has completed Phase I of the contract which included the Environmental Closet, Tab Room (#2) and the C-section Room (#108). I have issued the C.O.P. for those areas only.

9/5/95 Contractor has started Phase III of project. Hi Tech Fire Protection dropping heads in some NLS's. Have partitions in nursery up used Type X 5/8 where req'd.

10/6/95 Issue C.O.P. for rooms #104 and Tab Rm #3. Remodeling nurses station and will be relocating nurses to Rm #106 which will be released when finished temp. nurses station use.

3/10/96 Project completed per submitted. Ok. to occupy

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

August 4, 1995

Mercy Hospital  
144 State Street  
Portland, ME 04102

RE: 144 State Street

Dear Sir:


Your application to make interior renovations (1st fl.) Birth Place has been reviewed and a permit is herewith issued subject to the following requirement(s): This permit doesn't excuse the applicant from meeting applicable STATE and Federal laws.

NO CERTIFICATE OF OCCUPANCY will be issued until all requirements of this letter is met.

1. The sprinkler system shall be maintained to NFPA 13 Standards.
2. the fire alarm shall be maintained to NFPA 72 Standards.

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

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

cc: Lt. McDougal, PFD



City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 144 State St		Owner Mercy Hospital		Phone		Permit No. <b>960179</b>	
Owner Address:		Leasee/Buyer's Name		Phone		Business Name:	
Contractor Name: Mercy Hospital Actn: Dan Hogan		Address 144 State St Portland, ME 04102		Phone 879-3379		<b>PERMIT ISSUED</b> Permit Issued: <b>MAR 18 1996</b> <b>CITY OF PORTLAND</b>	
Past Use: Hospital		Proposed Use Same		COST OF WORK: \$ 12,000.00			
Proposed Project Description:  w/int reno 5th fl Cardiology & Exam		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group 22 Type 1 Signature: <i>[Signature]</i>		Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 15 March 1996		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				Signature: _____ Date: _____		Historic Preservation <input type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

**PERMIT ISSUED WITH LETTER**

CERTIFICATION

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

SIGNATURE OF APPLICANT *[Signature]* Dan Hogan ADDRESS DATE: 15 March 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

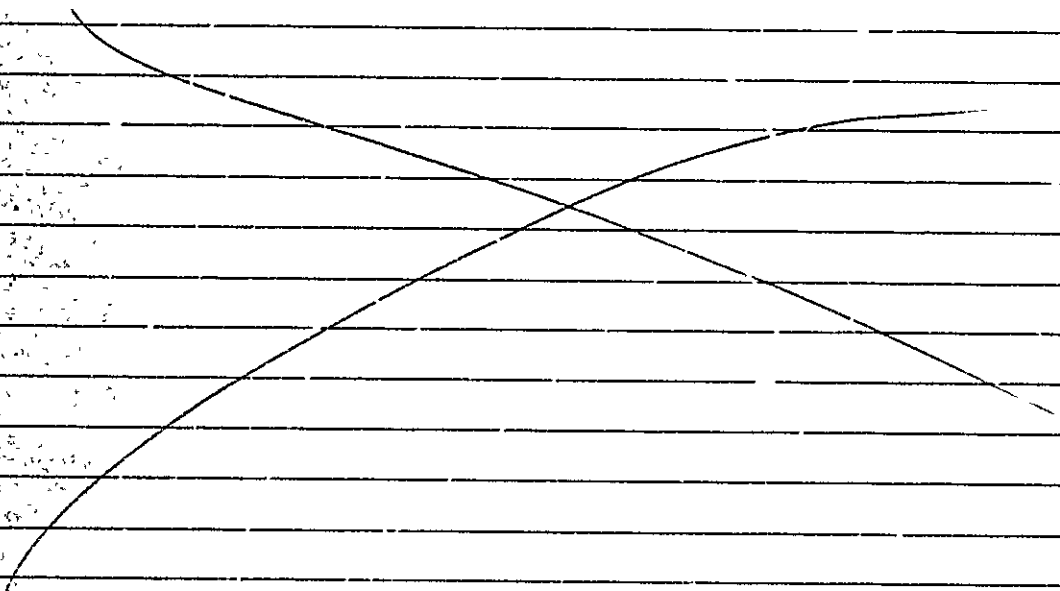
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT **3**

*[Signature]*

COMMENTS

Revo completed.



	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

March 18, 1996

Dan Hegan  
Mercy Hospital  
144 State St  
Portland, ME 04102

Re: 144 State St


Dear Sir,

Your application to make interior renovations (5th fl/Cardiology Exam) has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

1. The sprinkler system shall be maintained to NFPA #13 standards.
2. The fire alarm system shall be maintained to NFPA #72 standards.

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 McDougall, Fire Prevention Bureau