

PERMIT # 0002 CITY OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

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

Owner: Lessee: Maine Medical Center

Address: 22 Bramhall ATTh: Engineering 372-1447

LOCATION OF CONSTRUCTION: 190 Park Avenue

CONTRACTOR: Murray Construction SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: South Portland

Est. Construction Cost: 6.030 Type of Use: Medical Offices/Lab

Past Use: \_\_\_\_\_

Building Dimensions: 1 V Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain Interior Renovations

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE Residential Buildings Only

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundations:  
 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 \_\_\_\_\_

**For Official Use Only**

Date: March 3, 1988 Subdivision: Yes  No

Inside Public Limits: \_\_\_\_\_ Name: \_\_\_\_\_  
 Block Code: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Block: \_\_\_\_\_  
 Estimated Cost: G, D, S, U Permit Expiration: \_\_\_\_\_  
 Value/Structure: \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
 Fee: 20

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

Roof:  
 1. Truss or Rafters Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other: \_\_\_\_\_

Chimneys: Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

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

Electrical: Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes  No

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

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

Zoning: District R-2 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: OK W. Turner March 4 1988

Permit Received By Lynne Benoit

Signature of Applicant [Signature] Date 3/3

Signature of City [Signature] Date 3-9-88

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

167

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3828

**PROPERTY ADDRESS**

Town Or Plantation: Portland, Me

Street Subdivision Lot #: 190 Park Ave

**OWNER'S NAME**

Maine Medical Center  
Last: Scribner First: Iverson

Applicant Name: Scribner & Iverson

Mailing Address of Owner/Applicant (if different):  
PO Box 8779  
Portland, Me 04104

PORTLAND PERMIT # 2,588 TOWN COPY

DATE: 10/29/87 FEE: \$15.00

Local Plumbing Inspector Signature: [Signature]

**Owner/Applicant Statement**

I certify that the information submitted is true and correct to the best of my knowledge and understanding. I understand that any false or misleading information is cause for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 10/29/87

**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: OCT 29 1987

**PERMIT INFORMATION**

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY office bldg

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 066914

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Urinal	3	Sink
		Drinking Fountain		Wash Basin
Number of Hook-Ups & Relocations		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
Hook-Up & Relocation Fee	1	Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
	1	Bidet		Laundry Tub
		Other: <u>2" stand pipe</u>		Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	4	<b>Fixtures (Subtotal) Column 1</b>
			1	<b>Fixtures (Subtotal) Column 2</b>
			5	<b>Total Fixtures</b>
			\$ 15.	<b>Fixture Fee</b>
			\$	<b>Hook-Up &amp; Relocation Fee</b>
			\$ 15.	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



OFFICE HOURS  
10 TO 12 M  
4 TO 5 P M

# City of Portland.

## OFFICE OF INSPECTOR OF BUILDINGS

To the Inspector of Buildings of the City of Portland:

*June 15* 191*9*

The undersigned respectfully makes application for a permit to erect ~~enlarge~~ a building on *Clark Avenue* street, at number *203* to be *two* stories high *7.5* feet long, *30* feet wide, also an addition to be *two* stories high, *30* feet long, *30* feet wide, and to be used as a *dwelling*

CELLAR WALL--To be constructed of *stone* to be *20* inches wide on bottom and *plumb* inches on top.

UNDERPINNING--To be *brick*. Height of underpinning from top of cellar wall to bottom of sill *1.50* ft. *12* inches to be *12* inches in thickness.

EXTERIOR WALLS--To be constructed of *brick*. If of Brick, Stone, etc. Total length of wall *1.50* ft. *12* inches. Thickness of 1st *12*" 2d *12*" 3d *12*" 4th *12*" 5th *12*" 6th *12*" story walls. If of reinforced concrete state mix and reinforcing system: to be used.

If wood construction, sills to be *wood*. Girders *wood*. Posts *wood*. Girts *wood*. Studs *wood* to be spaced *16* inches. This building will be used for the purposes of *dwelling (one family)*. (If for apartments, tenements, or other family uses state number of families accommodated and number on each floor. If for manufacturing or mercantile purposes state character of business and amount of estimated weight to be carried by the floor.) Number of families on floor *one*. Total number of families *one*. Manufacturing (state character) *none*. Estimated load on floors per sq. ft. *none*. Mercantile business (state character and load per sq. ft.) *none*.

If building is used for tenement house or family use and more than one family, the following provisions of the Building Laws regarding dividing partitions shall be adhered to (Quote Law re. this).

FIRESTOPS--All bearing and center partitions will have firestops cut in tight on top of each partition cap and between each set of floor timbers. Where ledger boards are used there shall be firestops cut in tight against bottom of ledger boards, of same size as wall studs. Also wherever the Inspector of Buildings may consider necessary.

STAIRWAYS--No. in building *one*. location *center* to be enclosed with *stud* walls to be lathed with *lathing*.

ROOF--To be constructed of *wood*. Rafters to be *2x7* inches to be spaced *20* inches on centers. Roof to be covered with *slate*.

Gutters to be made of *metal*. Cornices to be made of *wood*.

Bay windows to be made of *brick* to be covered with *second floor*.

Dormer Windows to be made of *wood* to be covered with *slate*.

Chimneys, Smoke flues to be lined with *fire lining* and provided with a 10 inch outside collar and an inside collar to go to the inside of the flue.

Estimated Cost of Building *\$6500.00*

INSPECTION--The Inspector of Buildings is to be notified when building is ready for lathing and at least 24 hours before the lathing is begun.

The Builder is *F. W. Cunningham & Sons* Address *Portland, Me.*

The Architect is *Austin H. Chase* Address *" "*

The Owner is *Me. School for the Blind* Address *" "*

No Deviation will be made from the above application without written permission from the Inspector of Buildings.

The above petition was granted the *15* day of *June* 191*9*.

(Applicant to sign here) *Me. School for the Blind*  
*F. W. Cunningham*



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

Issued to **MAINE MEDICAL CENTER, 22 FRANKHALL SQ.** LOCATION **150 PARK AVE** Date of Issue **3/18/68**

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. **9207/68**, 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

**ENTIRE 2nd FLE**

APPROVED OCCUPANCY

**OFFICES AND LAB**

Limiting Conditions.

**FIRE DEPT APPROVAL**

*J.P. [Signature]*  
ELEC

**PLUMB**

*E. [Signature]*

This certificate supersedes  
certificate issued

Approved:  
**3/18/68**

(Date)

*[Signature]*  
Inspector

*[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  
Department of Building Inspection

## Certificate of Occupancy

LOCATION 190 PARK AVE

Issued to MAINE MEDICAL CENTER, 22 BRANHALL SQ. Date of Issue 3/18/88

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. 0207/88, 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

ENTIRE 2ND FLR

OFFICES AND LAB

Limiting Conditions:

NONE

FIRE DEPT APPROVAL \_\_\_\_\_

ELECT \_\_\_\_\_

PLUMB \_\_\_\_\_

This certificate supersedes  
certificate issued

Approved:

3/18/88

(Date)

Inspector

Inspector of Buildings

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