BUILDING PERHIT REPORT

DATE: 10-2-91	, its
ADDRESS: 22 Bramball St	
RUASON FOR PERHIT: Underground Tank Removal Installation	
Aboutonment in place	
BUILDING OWNER: Meine Medical Center	
CONTRACTOR: Les Wils: + Sons	
PERMIT APPLICANT Non Wilson	· · · · · · · · · · · ·
APPROVED: DENTEY:	
CONDITION OF APPROVAL OR DENHAL:	

- (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691
- (2) No cutting of tanks on site. Cutting of tanks to be hone at an approved tank disposal site.
- (3) Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.



STATE OF MAINE

epartment of Environmenta Protection

MAIN OFFICE: RAY BUILDING, HOSPITAL BIRGET, AUGUSTA MAIL ADDRESS: State House Biation 17, Jugusta, 04333

John R. McKernati, Jr. Governor

August 27, 1991

Gary Sacco Eng. Dept. --Maine Med. Center 22 Bramhall St. Portland, Me. 04102

Dear Mr. Sacco:

After review of the information pertaining to your underground oil tank located at 22 Bramhall St., Portland, the following determination has been reached:

The tank being inaccessible to heavy equipment necessary for removal may be abandoned in place in accordance with Chapter 691 Section 8 Paragraph D and Appendix K of the Department Rules. Please find enclosed copies of the pertinent regulations.

If you have any questions or if I can be of further assistance I can be reached at 289-2651.

Sim erely.

William V. Walertine

WILLIAM V. WALENTINE Division of Licensing & Enforcement Bureau of Oil & Hazardous Materials Control

WVW:tlj/WWSACCO

wwform2abbrev

Enclosure

OCT 0 4 1991

OF PONTLAND

printed on recycled paper

REGIONAL OFFICES

	A CONTRACTOR OF THE PROPERTY O
912684 912684 PHILDING PERMIT APPLI	
Popular Bullet toterand Delicities toterand	
Please in out any part which applies to job. I toper plans into accompany for in-	PERMIT ISSUED
Owner: Maine Medical Center Fnone # 871-2988	For Official Use Only
Address: 22 Bramhall St. Portland, Maine 04102	Date June 5, 1991 Subdivision June 1 1991
LOCATION OF CONSTRUCTION 22 Bramhall St.	Incide Fire Limits 10t
Contractor: Les Wilson Sub.:	Time Limit.
Address: P.OL Box 1028 West. 04098 Phone # 854-4583	Estimated Cost.
Est. Construction Cost: Proposed Use: Past Use:	Street Frontage Provided: Back Side Side
# of Existing Res. Units # of New Res. Units	Review Required:
Building Dimensions LW Total Sq. Ft	Zoning Board Approval: Yes No Date: Planning Board Approval: Yes No Date:
# Stories: # Bodrooms Lot Size:	Zoning Board Approval: YesNo Date: Planning Board Approval: Yes No Date: Conditional Use: Variance Site Plan Subdivision Shoreland Zoning Yes No Floodplain Yes No
Is Proposed Use: Scasonal Condominium Conversion To remove one 10,000 gal fuel oil underground	tank Special Exception (Explain)
Explain Conversion	
Foundation:	Ceiling: 1. Ceiling Joists Size: HISTORIC PRESERVATION
1. Type of Soil: 2. Set Backs - Front Rear Side(s)	1. Ceiling Joists Size: 2. Ceiling Strapping Size Spacing Not in Dietychos Lancate 3. Type Ceilings: 4. Insulation Type Size Size Does not require 19715.
3. Footings Size: 4. Foundation Size:	5 Coiling Height:
4. Foundation Size:	Roof: 00.01 eatessassassassassassassassassassassassassa
Floor:	2. Sheathing Type Size Action: Apparet. 3. Roof Covering Type.
1. Sills Size: Sills must be anchored. 2. Girder Size:	3. Roof Covering Type Chimneys: Type: Number of Fire Places Pate Si units Type of Heat:
2. Girder Size: 3. Lelly Column Spacing: Size: Spacing 16" O.C. 4. Joists Size: Spacing 16" O.C.	Heating:
4. Joists Size: Spacing 16" O.C. 5. Bridging Type: Size: Siz	Heating: Type of Heat: Electrical: Service Entrance Size: Smoke Detector Required Yes No
7. Other Material:	Plumbing: 1. Approval of soil test if required 7 3. 2. 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Exterior Walls: 17 Studding Size Specing	2. No. of Tubs or Showers
2. No. windows	3. No. of Flushes
3; No. Doors 4. Header Sizes Span(s) 5. Bracing: Yes No.	5. No. of Other Fixtures Swimming Pools:
b. Corner Posts Site	1. Type:
7. Insulation Type Size 8. Shoathing Type Size	3. Must conform to National Electrical Code and State Law.
8. Sheathing Type Size 9. Siding Type Weather Exposure 10. Masonry Materials	Received By Latini.
11. Motal Materials	ENFigurature of Applicant Km Mula Date 6/5/91
1. Studding Size Spacing PERSON	Ron Wilson Simply of Olympian Date 1 591
3, Wall Covering Typo	Signature of OEO & Colonia Col
4. Fire Wall if required. 5. Other Materials	2. Pool Size: 3. Must conform to National Electrical Code and State Law. Latini Latini Date 6/5/91 Ron Wilson Signature of OEO-Fill flight Latini Inspection Dates COOG To White Tag -CEO To Copyright GPCOG 1983
Howellow of the State of the St	The Two white tag - carry with him are courses
	The state of the s

OT PLAN	N A
-	;
··· · · · · · · · · · · · · · · · · ·	*. ? *
	,
	Inspection Record
FEES (Breakdown From Front) Base Fee \$ 10.00	Type Da.
Subdivision Fee \$	
Other Fees \$ (Explain) Late Fee \$	
COMMENTS submitting DEP Forms	
Manager は、 のでは、これでは、 は、なった。	
Million Control	
Company of the Compan	
The state of the s	

-

BUILDING PERHIT REPORT

DATE: 6-5-9/		, * .
ADDRESS: 22 Burnhall 54		
REASON FOR PERMIT: Underground Tank Removal) +	ns tallat	ion .
1- 10,000 gel Deal		
BUILDING OWNER: Maone Medical Center		Dave open
CONTRACTOR: Les For Wilson & Sin		. / 10
PERHIT APPLICANT Ron Lit bon		
AFTROVED: DENIED	, 3	

CONDITION OF APPROVAL OR DENIAL:

- (1) All underground tank removal and/or installation shall
 be done in accordance with Department of Environmental
 Protection Regulations Chapter 691
- (2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- (3) Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

Maine Department of Environmental Protection Bureau of Oil & Hazardous Materials Control State House Station \$17 Augusta, Maine 04333 Telephone: 207-289-2651 Attn: Tank Removal Notice

NOTICE OF INTENT
TO ABANDON (REHOVE) AN
UNDERGROUND OIL STORAGE FACILITY

PLEAS	SE TYPE OR PRINT IN INK:	
Mail:	of Facility Owner: MAINE Medical Center ing Address: 22 Brainhall St Telephone No.: \$71,2388 : Fortland State: Me Zip Code: 04102 act Person (name, address & telephone no.): GARY SACCO	學學學學
	of Facility: <u>SAME</u> Registration No.: 12096	
	Identify the tanks at this location which are to be removed:	
1	Ase of Tank Size Type of Product Tank Number Tank (Years) (Gallons) Most Recently Stored A. # 2 B. C. D.	
	Directions to Facility (be specific): MAINE Med. Center	•
	Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes No (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)	
4.	Name and telephone number of contractor who will do the tank removal: <u>LCS WILSON F.CO</u> NS 854 4583	
	Certified Tank Installer Certification Number & Name (if applicable):	
	Professional Firefighter Yes No (Affiliation: No Affiliation: No Affiliation:	mery
	Lea hu +Ant	
I he	reby provide Notice that I intend to properly abandon the underground oil age facility as described above.	
Date	: 6/5/9/ Signature of Tank Owner or Operator	
	Frinted Name and Title	

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS PRIOR TO REMOVAL

913150			
Permit # City of Fort1: Please fill out any part which applies to	and BUILDING PERMIT AP job. Proper plans must accompany form.	PLICATION Fee_\$5020 Zone	Map Lott
Owner Maine Medical Cent	er *Phone # 871-0111 (4)	len Chandler)	
22 Bramhall St. P	FID ME	For	r Official Use 1 ply G 98 Name Public Owner hip
Address: LL Blumnull SC, 1	THE TOTAL PROPERTY.		Subdivision: UU1 (V 10%)
LOCATION OF CONSTRUCTION XXX	RAKKANG EXXXCADDEDD	Inside Fire Limits	Namo
Contractor: Restoration	Sub:	Bldg Code	AND IT HORSE PARTY
52 Rvle Ave Eas	t -mc, 201-1-05-15	DAD / APUS AND THE	Private
Paterson, NJ 07	522 Phone * QUITO 75 75	The second day of the second	
Est. Construction Cost:	Proposed Use: parking garage	w renovations	
1,000,000.	Past Use: parking garage	Provided Sethacks: Front	: Back Side Side
of Existing Res. Units# of N	ew Res. Units	Review Required:	
Building Dimensions LW	Total Sq. Ft	Zoning Board Approval: Y	es No Date:
	Lot Size:	Planning Roard Approval:	Yes No Hate:
Is Proposed Use: Seasonal Condo		Shareland Zoning Yes	Variance Site Plan Subdivision No Floodplain Yes No
-		Special Exception	
Explain Conversion renovatio	ns to parking garage	Other (Explain)	10-11)-91
7		Ceiling:	MISTORIC PRESERVAT
oundation:		1. Ceiling Joists Size:	Spacing Destrict nor Lands Destrict nor Lands
1. Type of Soil:	RearSide(s)	2. Ceiling Strapping Size	Spacing Does not reduite review.
2. Set Backs - Front	RearSide(s)		Size Requires Review.
4. Foundation Size:		5. Ceiling Height:	512U MAN AVIOUTO AVIOU
5. Other			
Toor:		1. Truss or Rafter Size	Span Action Approved.
	Sills must be anchored.	2. Sneathing Type	Sizo ——Alphove with the
		Chimneys:	Deta / Comment
3. Lally Column Spacing:	Size: 	Type:	Number of Fire Places
4. Joists Size:	Spacing 16" O.C.	Heating: Type of Heat:	
6. Floor Sheathing Type:	Size:	Electrical:	
7. Other Material:	Size:	Service Entrance Size:	Smoke Detector Required YesNo
		Plumbing:	
exterior Walls:	One dans	1. Approval of soil test if r	required Yes No No
2. No. windows	Spacing	3. No. of Flushes	
		4. No. of Lavatories	
ader Sizes	Span(s) No	5. No. of Other Fixtures_	
ng: Yes	No		•
7. Inputation Type	Size	2. Pool Size :	x Square Footage
8. Sheathing Type	Size	o. Must conform w Mado	x Rquare Footage nal Electrical Code and State Law.
9. Siding Type	SizeWeather Exposure	Lours	De of El Chalen
10. Masonry Materials		Permit Received By Signature of Applicant	12/2/2/
11, Metal Materials nterior Walls:		- Signature of Applicant PER	MIT JOST PD Date 109/91
1. Studding Size	Spacing Span(8)	Adda	Prochagate
2. Header Sizes	_ Span(s)	CEO's District WT	TH LETTER
3. Wall Covering Type		The same of the sa	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
5. Other Materials		CONTINUED TO REVERSE S	IDE
*	White - Tax Assessor	Ivory Tag - CEO	Blogs Loug
	TTAILW - AMA CADAUADUI	AVUIV IGE - CEU	1

- . l

A. M

PLUMBING APPLICATION Department of Human Services
Division of Health Engineering
(207) 289-3828 PROPERTY ADDRESS PROPERTY OWNERS NAME MAINE MIGDICAL CENTER 14 RD YHLHOUTH ME Owner/Applicant Statement Caution: Inspection Required nation submitted is correct to the best of my and that any falsification is reason for the Local PERMITTINEDANA This Application is for Type Of Structure To Be Served: Plumbing To Be Installed By: 1. EXMASTER PLUMBER 1. NEW PLUMBING 1,
SINGLE FAMILY DWELLING 2. OIL BURNERMAN 2. EXPELOCATED PLUMBING 2. I MOJULAR OR MOBILE HOME 3. MFG'D. HOUSING DEALER/MECHANIC 3.

MULTIPLE FAMILY DWELLING 4. | PUBLIC UTILITY EMPLOYEE 4. OTHER - SPECIFY HOSPITH 5. PROPERTY OWNER LICENSE # 0.59,90 Hook-Up & Piping Relocation Maximum of 1 Hook-Up Column 2 Type of Fixture lumn of Type of Fixture HOOK-UP: to public sewer in Hosebibb / Sillcock Bathtub (and Shower) those cases where the connection is not regulated and inspected by the local Sanitary District. Floor Drain Shower (Separate) . Urinal OR Sink 3 HOOK-UP: to an existing substantiation wastewater disposal system. Drinking Fountain Wash Basin Indirect Waste Water Closet (Tollet) Water Treatment Softener, Filter, etc. Clothes Washer PIPING RELOCATION: of sanitary Grease/Oll Separator Dish Washer Dental Cuspidor Garbage Disposal Bidet Laundry Tub Number of Hook-Ups & Relocations Other: Water Heater Fixtures (Subtotal) Column 2 Hook-Up & Relocation Fee SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE TOWN COPY

PLUMBING APPL		. /	Department of Human Services Orvision of Health Engineering (207) 289-3826
PROPERTY ADD	RESS WAY AND S	RAPET CHIENEPHONESCHI LINUS	(20/1 289-3826-
Plantation Porthand	ME		
Street Subdivision Lot # 23 2/2010	RE		SUITE AND THE STATE OF THE STAT
Subdivision Lot # 23 BICAIN		PORTLAND	4247 OT TOWN COPY
MAINE MEDICAL		1 1 1 1 1 1	\$ 1 101 FEE Coupe Fee
Last: First:		Local Plumoing Vision	I BIN - LIGHT
	FAIEHA.J.	Chief Plumbin	I Inones
Mailing Address of Owner/Applicant (If Different)			
(If Different) YAIZINOUT Owner/Applicant		Court Kill Michigan 3	ion: Increation Decrined
I certify that the information sub-nitted is or knowledge and understand that any falsificat Plumbing Inspector to deny a Permit.		I have inspected	ion: Inspection Required the Installation authorized above and found it to be #
Vimin Killing	7.	3-91 20W.	Maine Plumbing Rules.
Signature of Owner/Applic	ent V		nspector.Signatura Date Approved
	PE	RMITINFORMATIO	N
This Application is for	Type Of S	tructure To Be Served:	Plumbing To Be Installed By:
1. SZ NEW PLUMBING 1.	☐ SINGLE FAMILY	' DWELLING	1. X MASTER PLUMBER
2. 🗆 RELOCATED		AR OR MOBILE HOME	2. [] OIL BURNERMAN
mi i in incisio	MULTIPLE FAM		3. MFG'D. HOUSING DEALER/MECHAN
4.	SKOTHER - SPECI	FY LIOSPITAL	4. PUBLIC UTILITY EMPLOYEE 5. PROPERTY OWNER
	•		LICENSE # 1059,9,0
Hook-Up & Piping Relocati	on l	Column 2	
Maximum of 1 Hook-Up	Numb		Column 1 Number Type of Fixture
HOOK-UP: to public sewe		Hosebibb / Sillcock	Bathtub (and Shower)
those cases where the co		Floor Drain	Shower (Separate)
the local Sanitary District.	 -	Urinal	Sink
CR	7		Guik
HCOK-UP: to an existing wastewater disposal sys.e		Drinking Fountain	Wash Basin
, .		2 Indirect Waste	Water Closet (Tollet)
a handelista en equipar estamos por ogor entalior e	,	Water Treatment Softener, Filte	
PIPING RELOCATION: of	sanitary	Grease/Oil Separator	Dish Washer
lines, drains, and piping v new fixtures,		Dental Cuspidor	Garbage Disposal
		Bidet	Laundry Tub
Number of Hook-Ups & Relocations	2.	Other:	Water Heater
S . Hook-Up & Relocation Fe	• .	Fixtures (Subtotal) Column 2	Fixtures (sur total)
	T		Fixtures (S/ototal)
-			
	SEE PERMIT FE		Total Fixtures
,	" OII ONEOUL	FT F FF STATE E States	s G. Co. Fixiura Fee
<u> </u>			Hook-Up & Relocation Fee

TOWN COPY

		`		The second secon	mulcaeves/SGFU		
		•				De Driver Communication of the	50.6
				100			
iones.	A C	7049	Portland BUILDING PERMIT APPLIC	*100 =	Man #	Lot#	
	7	2-20-20	DING DERMIT APPLIC	ATION Fee 100 Zone	_wah *		
De	rmit#	City of_	Portland Bullblive Fertility		71	1 10 to 10 t	
					Tita Oaliv		日
-	_	1 Mad 103	1 Center Phone 0,1	For Official	Subdivision:		
O	wner:	na me heats	s+. p+1d. ME 04102	Date 8/18/92	Name_	- 4626日 子・	
l _A	idress:	22 Bramnaii	St; Ptld, ME 04102	Inside Fire Limits	14	-	
1.			v 22 Brammail 30	Bldg Code	Ownership:	Public Private	
			+ Qub. / J J	Bldg Code	10		
Ç	00	MUTTAY COILS	So 2+1d MF 75-204 04106	Estimated Cost 10 - 300			
۾ ا	ddfe	2530 1	So Ptld, ME Phone 6 04106 16,300 Proposed Use: hosp w intr renov	Zoning: Street Frontage Provided: Provided Sechacks: Front			- 🐉
		traction Cost;	16 300 Desposed Use:	Street Frontage Provided:	Back	SideSide	- 1
			Part Can 1105 P	Floring			
-			and the Trailer	Zoning Board Approval: 105	Date:		
				Zoning Board Approval: YesN Planning Board Approval: YesN Variance	Site Plan	nSubdivision	- 1
	Building	Dimensions D	Tet Size	Planning Board Approval: Yes No Conditional Use: Variance Shoreland Zoning Yes No	Floodplain Yes	No	_ \ \
- 13	Stories	: # Bedro	DoomsLot Size:	Special Exception			
				Special Exception Other (Explain)		X)-70	TALION
	in i tobac	a Inte	rior renovations - walls	W. C.		HISTORIC PRESER	VIIOU
,	Explain (Conversion		Ceiling: 1. Ceiling Joists Size:		St. In District nor C	Transfe !
•	-			o Calling Stranning Hize	Spacing	Does set require 10	view.
	Foundat	tion:		3. Type Ceilings:	Size	Bernings Zorielf:	k
		1. Type of Soil:	RearSido(s)	3, Type Cenings: 4. Insulation Type 5. Ceiling Height:			150 to 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
,		3. Footings Size:		Roof: 1. Truss or Rafter Size 2. Sheathing Type 3. Roof Covering Type	Casa	Action: Approved	// X
		4. Foundation Size:		1. Truss or Rafter Size	Size_	Approved sel	
		5. Other		1. Truss of Rating Type 2. Sheathing Type 3. Roof Covering Type Chimneys: Type:Numl		·	
	Floor:		Sills must be anchored.	Chimneys:	AND THE	Deta: HI NEWALL	
Se	405000	1. Sills Size:		Type: Numl	er of Fire Places	- sample for the same	,
K 5		2: Girder Size.	ing: Size:Size:	Heating: Type of Heat:		<u>yo</u>	
-		4. Joista Size:		Type of Heat:		Demuind Vet No.	1
c_{ϕ}		5. Bridging Type:	Size:	Electrical: Service Entrance Size:	Smoke Detector	reduied 100	
4		6. Floor Sheathing Ty 7. Other Material:	PTT			No	- 1
10 L				Plumbing 1. Approval of soil test if required 2. No. of Tubs or Showers			
TANA	Exteri	or Walls:	Spacing	3. No. of Flushes			
	Tall YA	1. Studding Size	- Change	4 No. of Lavatories			
		3. No. Doors	Span(s)	5. No. of Other Fixtures	701		•
		4. Header Sizes	Yos No.	Swimming Pools:	1400	are Footage	
	建设 位。	5. Bracing: 6. Corner Posts Size		2. Pool Size :	Cocon Sta	te Law.	
0.2	A by	7. Insulation Type_	ULC		(5°XY)	1	
	阿拉尼 克	8. Sheathing Type_		Permit Received E. Ouiss	TVO Se	101	<u></u>
	E SE	9. Biding Type				Date B 17	9d <u>-</u>
				Signature of Applicant			•
	Inter	or Walls:	Day along		e Robins	OII	
	Aller Ball	1. Studding Size	Span(s)	CEO's District		100/100	, · · ·
		2. Header Sizes	ýpe	CONTINUED TO REVERSE SIDE	12/100	のかんとのれ)
		Well if root	irêd	COMINOVADIO	1770	on 25. Lynn	•
織用	Metrio.	5. Other Materials	White - Tax Assessor	Ivory Tag - CEO			
4.57	不可能 能	h. 1997. 2	AAITITO - THU + PROPERTY			TO PARTY AND ADDRESS OF THE PARTY AND ADDRESS	Der Street voor

W

Permit 40 7 City of Portland BUILDING PERMIT APPLICE Please fill out any part which applies to job. Proper plans must accompany form.	
Owner: Maine MEdical Center Phono#	For Official Use Only Date 8/27/92 AUC 3 1 932
Address: 22 Bramhall St- Ptld, ME 04102	Date 8/27/92 Subdivision AUC 3 1992
LOCATION OF CONSTRUCTION 22 Bramhall St.	Date 8/2//92 Name 1
Les Wilson & Sns Sub: 854-4583	Bldg Code Ow. ership: Public P
Address: Box 1028; Westbrook, ME Phone # 04098	Bldg Code
Est. Construction Cost: Proposed Use: hosp w/o tank	Zoning:
Past Use:	Provided S. tbacks: Front BackSideSide
# of Existing Res. Units # of New Res. Units	Review Required:
Building Dimensions LWTotal Sq. Ft	Zoning Board Approval: YesNo Date: Planning Board Approval: YesNo Date:
# Stories: # Bedrooms Lot Tze:	Planning Board Approval: YesNo Bate; Conditional Use: Variance Site Plan Subdivision_ Shoreland Zoning Yes No Floodplain Yes No
Is Proposed Use: Seasonal Condominium Conversion	Special Exception
Explain Conversion Remove one oil tank · u/g	Other Ceiling:
DAPONI CONTOCON DECEMBER OF THE PARTY OF THE	Ceiling: 1. Ceiling Joists Size: 2. Ceiling Strapping Size Spacing
3. Footings Size: 4. Foundation Size: 5. Other	3. Type Ceilings:
Floor:	2. Sheathing Type 3. Roof Covering Type
1. Sills Size: tills must be anchored.	Chimneys: Type: Number of Fire Places
3. Lally Column Spacing: Size:	
2. Girder Size: 3. Lally Column Spacing: 4. Joista Size: 5. Bridging Type: 6. Floor Sheathing Type: Size: 5. Size:	Type of Heat:
6. Floor Sheathing Type: Size:	Electrical: Smoke Detector Required Yes No
7. Other Material:	Plumbing: 1. Approval of soil test if required YesNo
Exterior Wails: 1. Studding Size Spacing	2. No. of Tubs or Showera
2. No. windows	3, No. of Flushes
	5 No of Other Fixtures
4. Header Sizes Span(s)	Swimming Pools: 1. Type: 2. Pool Size: x Square Footage 3. Must conform to National Electrical Code and State Law.
6, Corner Posts Size 7, Insulation Type Size	1. Type: 2. Pool Size: x Square Footage
7. Insulation Type Size 8. Sheathing Typo Size	3. Must conform to National Electrical Code and State Law.
8. Sheathing Type Size Weather Exposure Weather Exposure	Downie Progrand By 100 Se F. Chase
11. Masonry Materials Weather Exposure	ISSUENTS TARREST TA
11. Metal Materials	Permit Deceived By Louise E. Chase Section of Applicant Ron William Date 6/22 CEO's District Ron William QUIREMENTS CONTINUED TO REVERSE SIDE 13
Wiferian matter	Ron Willyspin ISSIUM
1. Studding Size Spacing	

924077	the control of the co
Permit #City of Portland BUILDING PERMIT A Please fill out any part which applies to job. Proper plans must accompany form.	APPLICATION Fee 10 Zone Mar # Lot#
	m. PENNITHSUE
	For Official Use Only
Address: 22 Bramhall St- Ptld, ME 04102	Date 8/27/92 Subdivisite: ALIG 2 4 1007
LOCATION OF CONSTRUCTION 22 Bramhall St.	Nacre Marie
Contragor Les Wilson & Sns Sub.: 8054-4583	1.01 <u></u>
Adjeta: Box 1028; Westbrook, ME Phone 04098	Constanti: 1
	TO THE WAY OUT
Est. Construction Cost; Proposed Use: hosp w/o	O tank Zoning
Past Use:	Street Frontage Provided:
" of Existing Res. Units # of New Res. Units	Review Required:
Building Dimensions LW Total Sq. Ft	Zoning Board Approval: Yes No Date:
. Stories:# BedroomsLot Size:	
	Shoreland Zoning Yes No Floodplein Yes No
Is Proposed Use: Seasonal Condominium Conversion	Special Exception
Explana Conversion Remove one oil tank - 11/0	Other (Epipiain)
Foundation	Ceiling Joists Size
1. Type of Soil:	1. Ceiling Justs Size 2. Ceiling Strapping Stz Spacing
1. Type of Soil:	o. Lype Cedings
3. Footings Size: 4. Foundation Size:	4. Insulation Type Size 5. Ceiling Height Size
5. Other	/ Monte
	1. Trucs or Refter Size Span 2 Sheathing Type Size 3. Roof Covering Type
Floor:	2 Sheathing Type Size
1. Sills Size:	Chimness:
8. Lelly Column Spacing: Size.	Chimneys: Type: Number of Fire Places
8. Lelly Column Spacing: Size. 4. Joints Size: Spacing 16" O.C. 5. Bridging Type: Size:	Heating
5. Bridging Type: Size:	Type of Heat:
6. Floor Sheathing Type: Size: 7. Other Material:	Electrical: Service En rance Size: Smoke Detector Required Yes No
TIVE STANDARD CONTRACTOR OF THE PROPERTY OF TH	Plumbing:
Enterior Walls:	1. Approval of coll test if required Yes No
1. Studding Size Spa ing	2. No. of Tubs or Showers 3. No. of Flushes
2. No. windows Doors	
4 eder Sizes Span(a,	5. No. of Other Fixtures
Doors defer Sizes Span(s, Span(s, No.	Swimmi 1g Pools:
6. Corner Posts Size	2. Type:
6. Corner Posts Size 7. Insulation Typa Size 8. Sheathing Type Size 9. Siding Type Wester Exposure	Type:
9. Siding Type West har Exposure	notation lotte of these water
10, Masch, y Materials	remit regerved by Charle Charle
11, Metal MxAeriels	- ASSANCE AND A MARKET PERMIT RESUED DOLLARS 2/9
1. Studding Size	WITH REQUIREMENTS Date 1
2: Header Sites Spaule)	SEED's District
8. Wall Covering Type	- THIN
5. Other Materiels	CONTINUED TO REVERSE SIDE To Michael Con-
White Toy Assessor	2. Pool Size: x Square Fortage 3. Must conform to National Electrical Code and State Law. Permit: Deived By Lottly e E. Chase Permit: Deived By Lottly e E. Chase Ron WHI REQUIREMENTS CONTINUED TO REVERSE SIDE Ivory Tag - CEO
44 HRC - 18X M22C2201	IVUIY Tag • CEO

ţ.

PLOTP		-	N A
9/2.	Nothing git.		
9/11-	a K		4 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
9/17-	21-		
ľ	1		
			2 gay
2			
	FEES (Breakdown From Front)	Inspection Record Type	Date
, .*r	Base Fee \$Subdivision Fee \$		
3.5	Site Plan Review Fee \$		
100	Other Fees \$(Explain)		
ANA ANA	Late Fee \$		1 1
	Naic rec Ame		
	sSe ar		
COMME	NTS .		
Latter interests			
SWANE.			
AND THE STATE OF T	CERTIF	FICATION	
ANTON:	ity that I am the owner of record of the named property, or that the prop	oced work is authorized by the owner of record and that I have	been authorized by the
	to this analisation as tree subbritted agent and Lauren to conform to	ail annlicahla laws of this Hiristiction. In Addition, it a Deffill H	of Mote described in ring
application i	sissued: I certify that the code official or the code official's authorized hour to enforce the provisions of the code(s) applicable to such permit.	representative shall have the authority to enter areas covered	ed by such permit at an
		3-5449	CC -
1CIN	ADDRESS ADDRESS	PHONE NO.	/
PIGNATURE C	S WELTINAMI VADUESS	, , , , , , , , , , , , , , , , , , , ,	
DESPONSIAL	E PERSON IN CHARGE OF WORK, TITLE	PHONE NO.	
Training	et perpanation accombination of transital courses		

· .

BUILDING PERHIT REPORT

DATE: 8-29-	92
DATE:	Bromhall St
ADDRESS: Indees	ground Tank Removal Installation
	1- 2000 & Dunel truk
BUILDING OWNER:	Name Middle of Carly
CONTRACTOR:	les Wilson to form
PERMIT APPLICANT	Ron Wilson
APPROVED: Kes	DEHTEL.
CONDITION OF APPROVAL O	R DENIAL:

- (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691
- V(2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- (3) Fire Dispatcher must be notified '48 hours in advance of removal and/or transportation of tanks.

and the state of t

entricialidadistributada (AF Palatida)

the state of the s

REGETY 5 - AUG 2 7 1992

Maine Departmental of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17, Augusta, Maine 04333 OFF CFBUILDING ENGLAND
Telephone: 207-289-2651
Attn: Tank Removal Notice

NOTICE OF INTENT TO ABANDON (REMOVE) AN

Name Mail	of Facility O	wner: MAINL 22 Branch A	Teleph	en for \$7/0/1/	;·
City	: 170,71 AN	<i>0</i>	State: WE 2:	p Code: 04102 Ary SALLO	
	of Facility:_ lity Location:	J'AML AJ I	Abou Reg	istration No.: /2076	
1.	Identify the t	anks at this loca	tion which are to	be removed:	
	Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Store	<u>•d</u>
	A. 4 B. C. D.	16	2000	Diesel	•
2. 3.	MAIN N	Facility (be spec Led: Confer d for the storage		ds (e.g. gasoline, jet	•
	fuel)? Yes_	No / (IF YES,	REMOVAL OF THE TAI	NK MUST BE UNDER THE SSIONAL FIREFIGHTER.)	
4.	Name and telepremoval: /c	hone number of co	Intractor who will Sovi 854	do the tank	
		NA		Name (if applicable):	
	Professional B	irefighter Yes_	_ No _ (Affiliat	ion:	ر
5.	Expected date	of removal:	8/23/92	*,	
		otice that I into		andon the underground oi	1
Date		23/92	Signature	of Tank Owner or Operato	-
,	^		Con A-/	d Millim Rep	_

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL - RETURN POSTCARD WHEN TANK(S) HAS BEEN REMOVED.

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

923863 Permit #City ofPoi Please fill out any part which applies	rtland BUILDING PERMIT APPL s to job. Proper plans must accompany form.	ICATION Fee 195.00Zone	Map # Lot# PERMIT ISSUED
Owner: Maine Medical Cent	ter Phone # 871-2447		The manufacture of the same of
	Ptld, ME 04102 Engineering Dept		cial Use Only Subdivision: Subdivision: 1 1002
		Date <u>June 9, 1992</u>	OUT O DIOSE
	22 Bramhall St.	Inside Fire Limits	
Contractor:	Sub.:	Bldg Code	Ownership: C124 Old Public Private Private
Address:	Phone #	Estimated Cost	Private Private
Est. Construction Cost: 35,000.0	Proposed Use: Hospital w/int renov	ationsing:	00 4970 4970
	Past Use: Hospital	Street Frontage Provided:	BackSideSide
of Existing Res. Units#	of Navy Page II nite	Provided Setbacks: Front Review Required:	BackSideSide
Ruilding Dimensions I. W	Total Sq. Ft.	Zoning Board Approval: Yes	No Date:
	Lot Size:	Zoning Board Approval: Yes Planning Board Approval: Yes	No Date:
		Conditional Use: Varia	ance Site Plan Subdivision Floodplain Yes No
is Proposed Use: Seasonal Co	ondominium Conversion	Special Exception	_ ·
Explain ConversionInterior Re	enovations to Lab	Othor (Explain)	HISTORIC PRESTRYATION
		Ceiling:	
Coundation:		1. Ceiling Joists Size:	HISTORIC PRESERVATIO
1. Type of Soil:		2. Ceiling Strapping Size	Spacing Size Dose not require switch.
2. Set Backs - Front	RearSide(s)	3. Type Ceilings:	Sing Come and require NOTIFE
4. Foundation Size:		5. Ceiling Height:	Sederas States
5. Other		Roof:	0.000.000.000.0000000000000000000000000
Toor:		2. Sheathing Type	Size Action: ANDIOTOG.
1. Sills Size:	Sills must be anchored.	3. Roof Covering Type	Approprie Mitt Condit
2. Girder Size:	Size:	Chimneys:	Span Size Actor: Approved Appr
3. Lany Column Spacing:	Spacing 16" O.C.	TTAl	
5. Bridging Type:	Size: Size:	Type of Heat: Electrical:	The state of the s
6. Floor Sheathing Typs:	Size:	Electrical:	Smoke Detector Required Yes No
7. Other Metorial:			
Extérior Walls:		1. Approval of soil test if required	Yes No
1. Studding Size 2. No. win ws	Spacing	2. No. of Tubs or Showers : Showers : Showers	
9 No Doore			
4. Header Sizes	Span(e)No	5. No. of Other Fixtures	+
5. Bracing: Yes	No	Swimming Pools:	
7. Insulation Type	Size	2. Pool Size : x	Square Footage
8. Sheathing Type	Size	3. Must conform to Mational Elec	trical Code the State Law.
9: Siding Type 10: Masonry Materials	Size Sizz Weather Exposure	Permit Received By Was Gresi	
- Trees alites walitation	**************************************	1951/20/	
nterior Walls:	Spacing Span(s)	Signature Minicipal	Square Footage trical Code and State Law. In Part June 9, 192 odella
Machine 2 Header Sizes	Spacing Space	DERLY LB Meter Tro	della Vi
		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4. Fire Wall if required		CONTROLED TO REVERSE SIDE	1 1 no set This
5. Other Materials		LODGETORD TO WEARING SIDE	17 1/11/18 1204
A STATE OF THE PARTY OF THE PAR	White - Tax Assessor	Ivory, Tag,, CEO	1 1 1/1/100m ·

lease fill out any part which applies to job. Proper plans must accompany form.	CATION Fee\$100 Zone Map 1 Lots
wher Maine Medical Centers Phone 8/1-2447	
ddress: 22 Bransall St; Ptld, HE 04102	For Official Use Only Date 8/48/92 Inside Fire Limits Hig Cole Time Limit Time Limit Cole Public Cole
ocation of construction 22 Bramhall St - 1st floo-	Inside Fire Limits AUG 26 1997
Murray Const. sub 799- (Adminis Dept	Ridg Code Owners sq Public
Murray Const. Sub 799- (Adminis Dept Box 1888) So Pt7d NE Phone 04105 t. Construction Cost: 16,300 Proposed Use: hosp w intr renov	Entimeted Cost.
t. Construction Cost: 16,300 Proposed Use: NOSP W 1ntr renov	Zonling: Street Frontage Provided: Provided Setbacks: Front Back Side Side
Past Use: hosp	Provided Setbacks: Front Back Side Side
of Existing Res. Units # of New Res. Units	Review Required: Zoning Board Approval: Yes No Date:
uilding Dimensions LWTotal Sq. Ft	Zoning Board Approval: 1esNo
Stories: # Bedrooms Lot Size:	Planning Board Approval: Y28 No Date: Conditional Use: Variance Site Plan Subdivision
	Shoreland Zoning Yes No Floodplant Yes 140
Proposed Use: Seasonal Condominium Conversion	Special Exception
plain Conversion Interior renovations - walls	Other Carlain 8-27-92
	Ceiling: HISTORIC PRESERVATION
	1. Ceiling Joists Size:
undation: 1. Type of Soil:	O CONTROL OF THE PROPERTY OF T
1. Type of Soil: 2. Set Backs - Front Rear Side(s)	2. Ceiling Strapping Size Spacing 3. Type Ceilings: Dose set require review. 4. insulation Type Size Requires Review.
2. Set Dates - Front	insulation Type Size
3. Footings Size: 4. Foundsion Size:	5. Ceiling Height:
5. Other	Roof
	Roof: 1. Truss or Rafter Sizs Span Action: Approved. 2. Sheathing Type Size Approved usin Graduate Size 3. Roof Covering Ty Chimneys: Type: Number of Fire Places Size Size Approved usin Graduate Size Size Size Size Size Size Size Siz
oor:	2. Sheathing Type Size Approved with Gradual
1. Sills Size: Sills must be anchored.	3. Roof Covering Ty
?. Girder Size:	Chimneys:
	Type: Number of Fire Places the most light to the light t
3. Letly Column Spacing: Size: 4. Joists Size Spacing 16" O.C. 5. Bridging 1 pe: Size 6. Floor Sheat sing Type: Size: 7. Other Mate in:	Heating:
5. Bridging 1 'pe: Size	-) po 0: 32000.
6. Floor Sheat sing Type: Size:	
7. Other Mate ial:	Service Entrance Size: Smoke Detector Required Yes No
	Plumbing: 1. Approval of soil test if required Yes No
terior Walls:	2. No. of Tubs or Showers
1. Studding Size Spacing	2. No. of Tubs of Showers 3. No. of Flushes
2. No. windows	4. No. of Lavatories
3. No. Doors	5. No. of Other Fixtures
4. Header Sizes Span(s) Span(s	Swimming Pools:
5. Bracing: Yes No.	Swimming Pools:
6. Corner Posts Size 7. Insulation Type Size	
7. Insulation Type Size	3 Must conform to National Floring Code and State INW
8. Sheathing Type Size	of attended and attended to the state of the
9. Siding Type Weather Exposure 9. Masonry Materials	Permit Received By Louise E. Change
v. masonry materials	
11. Metal Materials	Signature of Applicant (4)
terior Walls:	Signature of Applicant Louise E. Charles Signature of Applicant Louise E. Charles Signature of Applicant CEO's District CONTINUED TO REVERSE SIDE CO
1. Studding Size Spacing 2. Header Sizes Spacing	Court Diagram Land St. 1870
3. Wall Covering Type	CEUT DISING
4. Fire Wall if required	
5. Other Materials	CONTINUED TO REVERSE SIDE 12 1105 LIVAN
	The state of the s
White - Tax Assessor	Ivory Tag - CEO
41	

PLOT PLAN

Spor Nothing yet.

9/21 - Wills framed and partially up

10/10 Completed Ok per plan Inspection Record FEES (Breakdown From Front) Date Base Fee \$_ Subdivision Fee \$_ Site Plan Review Fee \$ Other Fees \$_ (Explain)_ Late Fee \$ COMMENTS CERTIFICATION I hereby certify that I are 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. (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 entered the provisions of the code(s) applicable to such permit. SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Inspection Services Samuel P. Hoffses Chief

Planning and Urban Development Joseph E. Gray Jr. Director

CITY OF PORTLAND

August 26, 1992

Murray Construction Box 2530 So. Portland, ME 04106

Re: 22 Bramhall St 1st fl - Admin Dept

Dear Sir,

Your application to make interior renovations (walls) has been reviewed and a permit is herewith issued subject to the following requirements:

- Sprinkler system distribution shall be altered to provide necessary protection to newly created areas.
 The egress arrangements of this area shall be in accordance with Section 27-2.5 of of N.F.P.A. 101 Life Safety Code.
 Exit signage and emergency lighting shall be provided in accordance with Section 5-9 and 5-10.
- Portable fire extinguishers shall be provided in accordance with N.F.P.A. #10.

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

Sincerely

offses

Chief of Inspection Services

cc: LT W. Garroway, Fire Prevention Bureau

389 Congress Street · Portland, Maine 04101 · (207) 874-8704



APPLICATION FOR PERMIT DEPARTMENT OF BUILDING INSPECTIONS SERVICES ELECTRICAL INSTALLATIONS

:		Date September 15,	1992 19
		Receipt and Permit num	ber 9171
To the CHIEF ELECTRICAL INSPECTOR, Por	tland Maine		
(The undersigned hereby applies for a permit Maine, the Portland Electrical Ordinance, the N	ational Plantainal Cala -	and the College day and the	
LOCATION OF WORK: 22 Brami OWNER'S NAME: MMC	nall St		
OWNERS NAME: TENO.	ADDRESS:		
OUTLETS:			FEES
Recuptacles 23 Switches P	lugmold ft. '1 F.	AL	4.60
1 111 O 1 CHANGE (IIII DEL OL)			_ _
Incandescent Flourescent 21	(not strip) TOTAL _		4.20
Strip Flourescent ft			
Overhead Underground	Temporary TOTA	AI, amneres	
MOIORS. (Number of)			
Fractional 1 HP or over	****** *************		
1 HP or over RESIDENTIAL HEATING:			
Oil or Gas (number of units)			
Dictaic (number of rooms)		****************	
A A STATE OF THE POSITIVE HEATINGS.			
Oil or Gas (by a main boiler) Oil or Gas (by separate units)	•••••		
Electric Under 20 kws Over 2		***************	
Electric Under 20 kws Over 2 APPLIANCES: (number of)	W8	********	
Ranges	Water Heaters		
Cook Tops	Disposals		
Wall Ovens	Dishwashers		
Dryers Fans	Compactors		
TOTAL	Others (denote)		
MICCEPPANEOUS: (Number of)			
Branch Panels 1	•••••	••••	4.00
traustormers			
Conditioners Central Unit			
Signs 20 sq. ft. and under	78)	••	
Over 20 sq. ft.			
Switching Pools Above Ground In Gound Fire/Burgler Alarma Pooldestiel		*** ********	· · · · · · · · · · · · · · · · · · ·
In G ound		*******	
and addition the street that		*******	
Commercial		*****	
Heavy Duty Outlets, 220 Volt (such as well		****	
Circus, Fairs, etc.	ove	•••	
Atterations to wires	*****	•	
nebairs atter hro		•••	
Emergency Lights, battery			
denerators	••••		
FOR ADDITIONAL OF A "STOP ORDER" (2014 IS I	PERMIT DOTT	E DUE:	/
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUE	L. FEE DUE	A PROPERTY AND A STATE OF THE S
	TOTAL.	MOUNT DUE:	15. ^ n
INSPECTION:		WIOOMI DOD!	
Will be ready on Ruady now			\$ ' a '
Will be ready on Ready now , 19 CONTRACTOR'S NAME: Pay Electric Co	or Will Call		
ADDRESS: 140 Thadeus St	So. Pt1d		10/10
MASTER TAGENCE 799-0350			10 NOV
LIMITED LICENSE NO.: 9171	SIGNATURE OF C	ONTBACTOR:	TO STATE OF THE PARTY OF THE PA
TOOLS NO.:	_ Gen O. Wh	ilman i	w. I
***		100	NO.
	R'S COPY WHITE	and he	No a
	COPY — CANARY	million 1	Violate
CONTRACT	OR'S COPY GREEN	"not wi	1. Vin
		ONTBACTOR: DICOLOGICAL TILLOGICAL	1 10 314

The second secon

a way Mail of min

Department of Human Services Division of Health Engineering PLUMBING APPLICATION (207) 289-3826 PROPERTY ADDRESS **学生**学 Stree! vision Lot # 22 PRAMIALL ST. PROPERTY OWNERS NAME MAINE MEDICAL CENTER Chier Pror serve inspector FAIEHA, Ju <u> Dominic</u> IKNOU RD YPIZMOUTH ME Owner/Applicant Statement Caution: Inspection Required malion submitted is correct to the best of my and that any felst calion is reason to the Local deny a Permit. PERMITINFORMATION This Application is for Type Of Structure To Be Served: Plumbing To Be Installed By: 1. MASTER PLUMBER 1. X NEW PLUMBING : D SINGLE FAMILY DWELLING 2. D OIL BURNERMAN 2. 🗀 RELOCATED PLU: BING 2.

MODULAR CA MOBILE HOME 3.

MFG'D. HOUSING DEALER/MECHANIC ε. ☐ MULTIPLE FAMILY DWELLING 4.

□ PUBLIC UTILITY EMPLOYEE HOSPITA 4. XOTHER - SPECIFY _ 5. D PROPERTY OWNER (PIA) LICENSE #1059.90 Hook-Up & Piping Relocation Maximum of 1 Hook-Up Column 1 Type of Fixture Type of Fixture Hosebibb / Sillcock Bathtub (and Shower) HOOK-UP: to public sewer in hose cases where the conn Floor Drain Shower (Separate) is not regulated and inspected by the local Sanitary District. Urinal Sink OR Drinking Fountain Wash Basin 100K-Ut n existing subsurface wastewate ...posal system. Indirect Waste Water Closet (Toilet) Water Treatment Softener, Filter, etc. Clothes Washer Grease/Oil Separator Dish Washer PIPING RELOCATION: of sanitary Dental Cuspidor Garbage Disposal Laundry Tub Number of Hook-Ups Other: Floor Sink Water Heater Fixture: (Subtotal) Column 2 Hook Up & Relocation Fee SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE Page 1 of 1 HHE-211 Rev. 9/88 TOWN COPY

The same

	Please fill out any part which applies to job. Proper plans must accompany form.	CATION Fee 25. Zone Map # Loi Loi DLOMIT ISSUED
×	Owner: Maine Medical Center Phone # Address: 222 Bramhall St - Portland, ME LOCATION OF CONSTRUCTION 22 Bramhall St Contractor: Sprinklers Systems InSub.: Address: P.O. Box 1285 Lewiston, ME Phone # Phone	Street Frontage Provided: Provided Setbacks: Front Back Side
	Foundation: 1. Type of Soil: 2. Set Packs - Fror	1. Ceiling Joists Size 2. Ceiling Strapping Size
	Exterior Walls: 1. Studding Size	Plumbing: 1. Approval of soil t. stif required. 2. No. of Tubs or
	4. Fire Wall if required. 5. Other Materials White - Tax Assessor	CONTINUED TO REVERSE SIDE IVORY TAG - CEO S MRS LOW 1,

ø	
and the same	924299 City of Portland BUILDING PERMIT APPLICATION Fee 25. Zone Map # Lot#
	Please fill out any part which applies to job. Proper plans must accompany form.
	Page Official Use (Inty
	Address: 222 Bramhall St - Portland, riE LOCATION OF CONSTRUCTION 22 Bramhall St Total Picture Limits
	LOCATION OF CONSTRUCTION 22 Bramhall St Initide Fire Limits Plag Cede Pl
4	Contractor Sprinklers Systems Insub: P.O. Box 1285 Lewiston, ME 04243-1285 r/82-0104 Address: Address:
	Fet Construction Cost: 900. Proposed Use: Street Frontage Provid di
	Past Use: HOSPILAI Provided Setuatas.
	# of Existing Res. Units # of New Res. Units Review Required: Zoning Board Approval Y 2 1:0 Date: Pullding Dimensions L W Total Sq. Ft. Planning Board Approval Y 2 1:0 Date: Stee Plan Subdivision
	# Stories: # Bedrooms Lot Size: Shoreland Zoning Yes No Shoreland Ye
ŀ	Is Proposed Use: Seasonal Condominium Conversion Special Exception Other Explain) Fundin Conversion Install sprinkl r system - Pathology Dept.
-	Ceiling 1. Ceiling Joists Size:
•	
•	Foundation: 2. Ceiling Strapping SizeSpacing Size
	3. Footings Size:
,	4 Foundation Size:
•	2. Sheathing Type
	Floor: Sills must be anchored. Chimneyel.
	2. Girder Size:
-	3. Lally Column Spacing: Size: Spacing 16" O.C. Heating: 4. Joiets Size: Type of Heaty
	4. Joists Size: 5. Bridging Type: 6. Floor Sheathing Type: Size: Spacing 16 O.C. Type of Heat: Electrical: Service Ent; noc Size: Service Ent; noc Size: Phoke Detector Required Yes No.
	6. Floor Sheathing Type: 7. Other Material: 1. Approval of soil test if required Yes No
	A No of Turks or Showers
	1 CALILLIAN SIZE
	2. No. Windows
	A Header Sizes Span(s) Swimming Pools:
1	5. Bracing: Yes No. 1. Tyre: x Square Footage 2. Pour Size: x Square Footage 2. Pour Size: X Square Footage 3. Pour Size: X
1	7. Insulation Type Size 3, Must conform to National Electrical Code and Sales
1	7. Institution Type 8 Sheathing Type 9, Siding Type 10. Masonry Materials 10. Masonry Materials 11. Masonry Materials 12. State of Applicant Murky of Lake Date Nov. 2, 1992
	10. Masonry Materials Date Nov. 2, 1992
1	11, Metal Materials
	Interior Walls:
1	2. Header Sizes
7	4. Fire Wall if required CONTINUED TO REVERSE SIDE
1	5. Other Materials Ivory Tag - CEO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

المراقب المراقب

Water to the state of the state

· ·

PLOT PLAN afa Completed	
FEES (Breakdown From Front) Base Fee \$	Inspection Record Type Date
COMMENTS	
There: y certify that I am the owner of record of the named property, or that the property make this application as has authorized agent and I agree to conform the owner of the property of t	opcsed work is authorized by the owner of record and that I have been authorized by the old applicable laws of this jurisdiction. In addition, if a permit for work described in this er representative shall have the authority to enter areas covered by such permit at any lit. PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	PHONE NO

Cadmina

A STATE OF

BUILDING PERMIT REPORT

ADDRESS

ADD

1) Host be approved by State Fire Marshall

哦

The state of the s

08.0000	The state of the s
923863	AUTON For 145.00 yours Man # Lotte 100 Man
Permit City of Portland Building PERMIT APPLIC	ATION Fee 195.00 your Map Lots
Please fill out any part which applies to job. Proper plans must accompany form. Owder Maine Medical Center Phone 871-2447	The state of the s
Owner, Dent	For Official Use Only Subdivision 3.0 1992
	Date
LOCATION OF CONSTRUCTION 22 Bramhall St.	Inside Fire Limits Bldg Code Ownership CITY OF PORTLAND
Contractor: Sub.:	Time Limit. UITOUT UNLANU
Phone #	Estimated Cost
Est. Construction Cost: 35,000.00 Proposed Use: Hospital a/int renevat	Zoning: Street Fronts to Provided:
Past Use: HOSP1-31	Provided Setbacks: Front Back State
# of Printing Res Units # of New Res. Units	Roview Required: Zoning Board Approval: YesNo Data: Planning Board Approval: YesNo Data: Conditional Use: Variance Site Plan Subdivision 9 Shoreland Zoning Yes No Floodplain Yes No
Building Dimensions L W Total Sq. Ft	Planning Board Approval: Yes No Batte: Conditional Use: Variance Site Plan Subdivision:
# Stories: # Bedrooms Lot Size:	Shoreland Zoning Yes No Floodplain Yes No
Is Proposed Use: Seasonal Condominium Conversion Explair Conversion Interior Renovations to Lab	
Explain Conversion	Other (Explain)
	Centrigi
Foundation:	1. Ceiling Joiste Spacing 2. Ceiling Strepping Size Spacing 3. Type Ceilings:
2. Set Backs - Front Rear Side(s)	4. Insulation Typo Size
3. Footings Size:	5. Ceiling Helght:
5. Other	1. Truss or Rafter Size Span
Floor: 1. Sills Sizo: Sills must be anchored.	3. Roof Covering Type
1. Sills Sizo: Sills must be antinored. 2. Girder Size: Size: Size:	Chimneys: Type: Number of Fire Places
Spacing 16 U.C.	Heating: Type of Heat:
4. Johns Size: 5. Bridging Type: Bize: 6. Floor Sheathing Type: Size:	Electrical: Service Entranco Size: Smoke Detector Required Yes No
7. Other Material:	Disables
Carrie Ville	1. Approval of soil test if required
Exterior Valle: 1 Studding Size Spacing	2. No. of Flushes
2. No. Windows	4. No. of Lavatories
4. Hogder Sizes Span(s) 5. Bracing: Yes No	Swimming Pools:
6. Corner Posts Size	2. Po DO X VIDO POLICE
7. Insulation Type Size Size	afform to National Electrost London 12 to 14
C Siding Type	Permy Hove Gresik
11. Metal Materials	
TANGER TO BE A MANAGE OF THE TANGE OF THE TA	Victor Trodella
Interior Walls: 1 Studding Size Spacing 2 Header Sizes Span(a)	Computation
3. Well Covering Typo 4. Piro Wall if required 5. Other Materiels	CONTINUED TO REVERSE SIDE
5, Other Materiels	Ivory Tag - CEO

The second secon

nuse and Colors and American

		الم
OTPLAN GOK GOF.		, see
\$6- NO WON- 1		
To Phase ("re -cripled "		
10-10-10-10-10-10-10-10-10-10-10-10-10-1		,
2/30. 1010 0 111		
OTPLAN 96- No work get. 1/18- Phase (in - injected or 2/30. Path offices OK 2/2- Competited ex		*
I		
		, 3
•		S. Aren Callette
	Inspection Record	
FEES (Breakdown From Front)	Туре	Date.
Roca Faa S	***************************************	1 小 流線
Subdivision Fee \$Site Plan Review Fee \$		1 150 500
Other Rees \$		I LEVEL S
(Explain)		
Site Plan Review Fee \$		The state of the s
		77.
NOVEMBER WAS		AND THE PARTY OF T
OMMENTS		Det 72
		7
		1,12,12
CERTI	FICATION	the second second
	a 141 - 41 have	e been authorized by
reby cartify that I am the owner of record of the named property, or that the property 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
ner to make this application as the sector official's authorize	ed representative strail trave the trailierry	en by ancil heunital
olication is issued. I certify that the code official of the code	t.	
isonable hour to entorce the provisions of the cooking Apparatus		
The fore	PHONE NO.	
ADDRESS	871-2447	
11/1/ // 1/10/16	PHONE NO.	

Ser.

east of the second



Inspection Services Samuel P. Hoffses Chief Planning and Urban Development Joseph E. Gray Jr. Director

areas radioinally and the

CITY OF PORTLAND

June 30, 1992

Maine Medical Center 22 Bramhall Street Portland, ME 04102

RE: 22 Bramhall Street (Lab)

Dear Sir:

Your application to make renovations to the lab has been reviewed and a permit is herewith issued subject to the following requirements:

- 1. Exit signs shall be provided for smaller renovated space as shown on plans between column lines (A) and (D) and between (Q) and (2).
- Sprinkler protection shall be reviewed by the State Fire Manchal's Office.

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

Sincerely

Chief of Inspection Services

/jcf

cc: Lt. Wallace Garroway, Fire Prevention Bureau

389 Congress Street · Portland, Maine 04101 · (207) 874-8704

common - now were a first control took on the last life of the last last last last last last last last	AND MADE AND
Control of the Contro	
934493	\$100 Zoro May#Lot#
a portland RIHLDING PERIMIT AFFLIC	ATION Fee vio Zone
Permit # City of Forest Line Please fill out any part which applies to job. Proper plans must accompany form.	
Owner: Maine Medical Center Phone #871-2447	For Official Use Only
Owner: Maine Wedicar Company ME 04102	Subdivision: JAN 2 2 933
Owner: Marine Mountain St. Ptld, ME 04102 Address: 22 Bramhall St basement, 3rd f	1 Date 1/15/93 Ramo Lot Lot
TOTAL TIPON OF CONSTRUCTION 22 BY SHIRLS 11 30	Inside Fire Limits Lot Public Public Private Ownership
Control Murray Const. Sub.: - (emerg room Sout h 20116 Proceed 199-8136 PC, D	Hldg Code Ownerson Private Time Limit Estimated Cost 16,000
T ocoo Dald Mr U4110 Phone t	
Address: BOX 2530- Pt 10. Pt 3. Address: BOX 2530- Pt 10. Address: BOX	Zoning: Street Frontage Provided: Back Side Side
Est. Construction Cost: 10,000 Past Use:	Provided Setbacks: FrontBackBack
	Review Required: Zoning Board Approval: Yes No Date: Zoning Board Approval: Yes No Date:
	Diagring Roard Approval: 168 Subdivision
Building Dimensions L	Conditional Use: Variance Stor Han Shoreland Zoning Yes No Floodplain Yes No
# Stories: # Begrooms Conversion	
# Stories:	Other Explain - 9 - 43 HISTORIC PRESERVATION
Explain Conversion [11 Cer 101 Cito 1 Cito	
Explain Conversion & 3rd floor (Pavil C & D)	1. Ceiling Joists Size: 2. Ceiling Strapping Size Spacing Does not sequire series.
	2. Ceiling Strapping Size Does not require Review.
Foundation: 1. Type of Soil: 2. Set Backs - Front Rear Side(s)	4 Ingulation Type
2. Set Backs - Front	5. Ceiling Height: proved.
4. Foundation Size: 5. Other	1. Truss or Rafter Size Sizo Sizo
	5. Ceiling Height: Roof: 1. Truss or Rafter Size Span Action: 2. Sheathing Type Size Size Portion: 3. Roof Covering Type Date: Chimneys: Type: Number of Fire Places Signature Signature Heating:
Floor: 1. Sills Size: Sills must be anchored.	Chimpolish A X A A A A A A A A A A A A A A A A A
Z. Girder Size. Size:	Type:Number of Fire PlacesNpatter
3. Lally Column Spacing: Spacing 16" O.C.	The state of the s
4. Joist Size: Size: Size: Size:	Electrical: Smoke Detector Required es No Service Entrance Size: Smoke Detector Required
6 Floor Sheathing Type:	
. 7. Other Maccina.	Plumbing: 1. Approval of soil test if required 2. No. of Tubs or Showers 2. No. of Tubs or Showers
Exterior Walls: Spacing	
2 No. windows	4. No. of Lavatories 5. No. of Other Fixtures
a M. Daam	Swimming Pools:
4. Header Sizes Yes No.	1. Type: Square Footage
6. Corner Pests Size Size 7. Insulation Type Size	1. Type: x Square Footage 2. Pool Size : x Square Footage 3. Must conform to National Electrical Code and State Law.
9 Charthing Type	Permit Received By Louise E. Chase
	Permit Received by Louis San Al A. + Date 1.15.93
9. Stding Type 10. Masonry Materials 11. Metal Materials	Permit Received By Louise E. Chase In Signature of Applicant Shows A. Herbert Thomas Herbert
Interior Walls: Specing	Thomas Herbert
1. Studding Size Span(s)	CEO District
	CONTINUED TO REVERSE SIDE
4. Fire Walt is required.	Ivory Tag - CEO
5. Other Materials White - Tax Assessor	IVULY TAB - ONO

			Ľ	r	į	3	
				а			
	×						
		٠					
•							
					÷		

The state of the s	S. S. A. S. C. S.
934490 Portland Pull DING PERMIT APPLIC	CATION Fee S95 Zone Map DFR 1 FO
Permit # City of Kanx BUILDING Please fill out any part which applies to job. Proper plans must accompany form.	
Please fill out any part which applies to just rioper plant Owner: Maine Medical Center Phone # 871-2447 Owner: MF 04102	For Official Use Only
Owner:	Date 1/15/93 Name DAIN (1/15/93)
Owner:	
Address: 22 Bramhall St- Ptid, WE 04102 LOCATION OF CONSTRUCTION 22 Bramhall St- ground floor LOCATION OF CONSTRUCTION 2799-8136 (mail dept)	Bldg Code Ownership:
	Time Limit. Estimated Cost 15,000
Address: Box 2530-So Ptld, ME Phone 04116	Estimated Cost 1.0 1000
Address: Box 2530-50 Ptiu, We Phone Interior renovati Est. Construction Cost: 15,000 Proposed Usc: interior renovati	O nZoning: Street Frontage Provided: Provided Schacks: Front Back Side Side Side
Est. Construction Cost: 15,000 Proposed Usc: Three 101 Tone 4.	Provided Sotbacks: FrontBack
Past Use:	Devices Pagnired:
# of Existing Res. Units # of New Res. Units Building Dimensions L W Total Sq. Ft	Planning Roard Approval: 125 Subdivision
Building Dimensions Lot Size: Lot Size:	Special Exception Other Specia
# Stories: w Decirons Conversion	Other (Suplain)
Is Proposed Use: Seasonal Condominum Control Francisco Condominum Conversion Interior renovations - mail room	Collins HISTORIC PRESERVATION
DAPINI	1 Ceiling Joists Size:
Foundation:	2. Ceiling Strapping Size Spacing 3. Type Ceilings: Size Size
Foundation: 1. Type of Soil: 2. Set Backs - Front Rear Side(s)	Size Beggives Review
2. Set Backs - Front	
	Roof: 1. Truss or Rafter Size Span Action: Approved the fondity 2. Sheathing Type Size Size The fondity 3. Roof Covering Type
4. Foundation Size:	2. Sheathing Type
Floor: 1. Sills Size: Sills must be anchored.	3. Roof Covering Type Chimneys: Type: Number of Fire Places Signature Heating:
1. Sills Size:	Type:Number of Fire PlacesSignatury
1. Siles Size: 2. Girder Gize: 3. Lally Column Spacing: Size: Spacing 16" O.C.	Heating: Type of Heat:
4. Joists Size: Spacing To Co. 5. Bridging Type: Size: Size	Elect. 1 l: Smoke Detector Required Yes No
5. Bridging Type: Size: Size:	
7. Other Material:	Plumbing: 1. Approval of soil test if required YesNo
Exterior Walls: Spacing	2. No. of Tubs or Showers
1 Studding Size	
2. No. windows	5. No. of Other Fixtures
3. No. Doors 4. Header Sizes Span(s) 5. Bracing: Yes No	Swimming Pools: 1. Type: Square Footage
5. Bracing: Yes	Swimming Pools: 1. Type: 2. Pool Size: 3. Must conform to National Electrical Code and State Law.
6. Corner Posts Size	3. Must conform to National De Chase
8. Sheathing Type Size Weather Exposure Wather Exposure	Permit Received By Louise E. Chase
10 Mesonry Materials	Signature of Applicant Thomas a. Halve Date 1.15.93
14 Materials	Signature of Appn and State St
Interior Walls: 1, Studding Size Spacing 2, Header Sizes Span(s)	CEO's District
2. Header Sizes Span(8)	* r5
3. Wall Covering 1995	CONTINUED TO REVERSE SIDE
5. Other Materials Tay Assessor	Ivory Tag - CEO
4. Fire Wall frequired 6. Other Materials Cowe White - Tax Assessor Cowe White - Tax Assessor	The state of the s
[3] Halm -	per many control of the control of t
The control of the co	

. . .

	2000年中中的政治的特殊是否是任何的企业的企业的企业的企业,但是是是是一个企业的企业的企业,但是是是是一个企业的企业的企业。 1900年中国的企业的企业,但是是一个企业的企业的企业的企业,但是是是一个企业的企业的企业的企业,但是是是一个企业的企业的企业。
934516 Permit # City of Portland BUILDING PERMIT APPLICATION BUILDING PERMIT BUILDING PER	ATION Fee \$70 Zone Wap #
Permit # City of Port I and Port	1 17 × 2011 2 11 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Owner: Maine Medical Center Phono #Phono #	For Official Use Only Date 1/22/93 Inside Fire Limits Lot JAN 2.7.1950
Address: 22 Bramhall St Ptld, ME 04102	Date 1/22/93 Name 1/N. 2.7 1988
Address: 22 Bramhall St 6th floor LOCATION OF CONSTRUCTION 22 Bramhall St 6th floor	Inside Fire Limits Lot JAIN Call 1330
LOCATION OF CONSTRUCTION 22 BY SHIRLD T 557-1866	Bldg Code Ownership:
Coxractor, Ledgewood Inc Sub.: 767-1866	Time Limit Estimated Cost. 10,000
Address Box 8107- Ptld, ME BAXB\$honDA104	
Address: Box 8107- Pt1d, ME WARPhone 120. Est. Construction Cost: 10,000 Proposed Use: interior renovatio	NZoning: Street Frontage Provided: Provided Setbacks: Front Back SideSide
Past Use:	
	Zoning Board Approval: 1es
	Planning Board Approvel: YesNo Site Plan Subdivision Shoreland Zoning Yes No Floodplain Yes No
Building Dimensions B	Shoreland Zoning Yes No Production
Is Proposed Use: Seasonal Condominium Conversion	Special Exception Other (Explain) HISTORIC PRESERVATION
Is Proposed Use: Seasonal Condomination - P6 Explain Conversion Interior renovations - P6	
	Ceiling: 1. Ceiling Joists Size: 2. Ceiling Strapping Size Spacing Doos not country two thandmark.
Foundation:	2. Coiling Strapping Size Spacing Dose not require review.
Poundation: 1. Type of Soil: 2. Set Backs - Front Rear Side(s)	3. Type Ceilings: 4. Insri tion Type 5. Ceiling Height: C. Action: Approved.
2. Set Backs - Front 3. Footings Size: 4. Foundation Size:	5. Ceiling Height:
4. Foundation Size: 5. Other	ROUL Spanisher and the spanish
	1. Truss or Rafter Size 2. Sheathing Type 3. Roof Covering Type Chimneys: Type: Number of Fire Places Type of Heat:
Floor: 1. Sills Size: Sills must be anchored.	Chimneys: Number of Fire Places Strature:
2. Girder Size: 3. Lally Column Spacing: Size: Spacing 16" O.C.	Heating:
3. Lally Column Spacing. Spacing 16" O.C. 4. Joists Size:	Type of Heat:
4. Joista Size: Spacing 16 U.C. 6. Bridging Type: Size: Siz	Service Entrance Size: Smoke Detector Required 148
7. Other Material:	Plumbing: YesNo
	2. No. of Tubs or Showers
Exterior Walls: SpacingSpacing	3. No. of Flushes 4. No. of Lavatories
2. No. windows	5 No of Other Fixtures
4. Header Sizes	Swimming Pools: 1. Type: 2. Pool Size: 3. Must conform to National Electrical Code and State Law.
5. Bracing: Yes No	2. Pool Size: X Square Footage
5. Bracing:	3. Must conform to National Electrical Code
	Permit Received By Louise E. Chase
10. Maionry Materials 11. Metal Materials	Signature of Applicant Date 1.22.93
Tetovior Walls:	ADITION BEAUGES
Interior Walls: 1. Studding Size 2. Header Sizes. Span(s)	
Z. Header Sizes,	CONTINUED TO REVERSE SIDE TO MASS. LOWS
4. Fire Wall if required	CONTINUED TO REVERSE SIDE 3 MAS. Low . Ivory Tag - CEO
White - Tax Assessor	Avory 1ag - CEO

A STANSON

PLUMBING APPLICATI	ON	7		Department of Human Serv Division of Health Enginee	
PROPERTYADDAESS		Contraction	area (AS) The Walleton of	(207) 289-3826	
Town Or Plantation + OR HAND 173	<i>i.</i>				
Street Subdivision Lot # 8 8 4(1) HH	-KL mmiles	PORTLAND		4691 TOWN CO) Inv
MAINE MEDICAL CENT		B-15/1	28 B	\$ 100 61 T FEE	Double Fee
Last: First: Emple	BILLY ICE HIACK	Local Plumbing Inspector I	MARO -	LP.I. # () 1/1 214	
	91Etta Ja	Chief Plumbing In	Ospector		7
Mailing Address of VIKNOLL RS Owner/Applicant VAPENICE HS	04096		(4) (A)		
Owner/Applicant Statemen	nt hest at mir		Inspection		PS:
I certify that the information submitted is correct to the b knowledge and understand that any falsification is reason Plugibing Inspector to deny a Permit.	for the Local	compliance with the Main	stananjon authorize ne Plumbing Rules.	d ábové ànd found it to be in	n-92
Signature of Owner/Applicant	72-7-82 Date	Local Plumbling Inspe	ctor Signature	Date	Approved *
	PERMIT	INFORMATION			
This Application is for	Type Of Structure	To Be Served:		oing To Be installed	By:
1. NEW PLUMBING 1. I SING	LE FAMILY DWELLI	NG	, ,	TER PLUMBER	
	ED 2. MODULAR OR MOBILE HOME 2. OIL BURNERMAN 3. MFG'D. HOUSING DO		'D. HOUSING DEALERÍ	The state of the s	
	ER - SPECIFY			LIC UTILIM EMPLOYÊÊ PERTY OWNER	
	gap - was no	,		10,5,880	
Hook-Up & Riping Relocation Maximum of 1 Hook-Up	Number	Column 2	T	Celumn 1	
HOOK-UP: to public sewer in	21 1 14	Type of Fixture.	Number	Type of Fixtur Bathtub (and Shower)	N4
those ceses where the connection is not regulated and inspected by the local Sanitary District.	Floo	r Drain		Shower (Saparate)	
OR	Urir.	al		Sink	
HOOK-UP; to an existing subsurface	Drin	king Fountáin	2	Wastı Basin	
wastewater disposal system.	/ India	ect Waste	1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Water Closet (Tollet)	
the state of the s	water water	er Treatment Softener, Filter, et	dir in a second	Clothes Washer	1
PIPING RELOCATION; of sanitary	Grea	ase/Oil Separator		Dish Washer	
lines, drains, and plping without new fixtures.	Den	tal Cuspidor		Garbage Usposal	P-T ST*
7	Bide	State up 1		Laundry Tub	: /
			+++++		
Number of Hook-Ups & Relocations	Othe	or:	4	Water Heater	2 16 9 16 Pate
Number of Hock-Ups & Relocations Hook-Up & Relocation Fee	327	3.37		Fixtures (Sub)	ta) I a
Number of Hook-Ups & Relocations	327	Fixtures (Subtots)		Fixtures (Subto	Arm. V
Number of Hook-Ups & Relocations Hook-Up & Relocation Fee	o times	Filtures (Subtote)		Fixtures (Subic Column 1) Fixtures (Subic Column ≥	ia)
Number of Hook-Ups & Relocations Hook-Up & Relocation Fee SEE PE	327	Filtures (Subtote)		Fixtures (Subited Subited Subi	ia)
Number of Hook-Ups & Relocations Hook-Up & Relocation Fee SEE PE	ERMIT FEE SCHE	Fixtures (Subjote) Column 204 DULE	A	Fixtures (Substance) Fixtures (Substance) Fixture (Substance) Total Fixture	inalija si i
Number of Hook-Ups & Relocations Hook-Up & Relocation Fee SEE PE	ERMIT FEE SCHE	Fixtures (Subtote) Calyrin 272		Fixtures (Subited Subited Subi	inalija si i

PLUMBING APPLICATION Division of Health Engineering (207) 289-3828 Subdivision Lot # | PRAM hall 78 OF TOWN COPY MAINE MEDICAL CENTER First: Dominic FAIEHA I KNOLL RD YARMOUTH ME 04096 Owner/Applicant Statement Caution: Inspection Required SECTION PORMATION PLOCAMETANTENESS OF THE PROPERTY OF THE PROP This Application is for Type Of Structure To Be Served: Plumbing To Be in called By: 1. M MASTER PLUMBER 1. NEW PLUMBING 1: D SINGLE FAMILY DWELLING 2. OIL BURNERMAN 2. [] MODULAR OR MOBILE HOME 2.

RELOCATED
PLUMBING 3. I MFG'D. HOUSING DEALER/MECHANIC 3. D MULTIPLE FAMILY DWELLING 4 🖺 PUBLIC UTILITY EMPLOYEE 4. 文 OTHER - SPECIFY _ グントランド 8. [] PROPERTY OWNER LICENSE #10.5.9.9.0 Hook-U_P 2 P:ping Relocation Maximum of 1 Hook-Up Column 1 Type of Fixture Column 2
Type of Fixture Hosebibb / Sillcock Bathfub (and Shower) HOOK-UP: to public sewer In those cases where the connection is not regulated and inspected by Floor Orain Shower (Separate) local Sanitary Dis-Urinal OR <u>POOK-UP;</u> to an existing subsurface wastewater disposal system. Orinking Fountain Wash Basin Indirect Waste Water Closet (Tollet) Water Treatment Softener, Filter, êtc: Clothes Washer 💠 🗻 -4" - ming radiotiff - Eliter PIPING RELOCATION: of sanitary Grease/Oil Separator Duh Washer Dental Cuspidor Garbage Disposal Bidet Laundry Tub Number of Hook-Ups & Rélocations Other: Anger of the Fixtures (Subtotal) Column 2 Hook-Up & Relocation Fee Figure ŠĒĒ PEŘMIT FEE SCHEDŮLE FOR CALCULATING FEE TOWNCOPY eeristlije derena de la companya de la companya

#C

053-D-007 930466	GANNON D. 810.00 gane Man # Lot#
Permit #City of Portland BUILDING PERMIT APPLICATION Please fill out any part which applies to job. Proper plans must accompany form.	CATION Fee 810.00 Zone Map FERMIT ISSUED
Owner: Maine Medical Center Phone # 871-0111	OFF LATIFIC ONLY
Address; 22 Bramhall Street	Mays 28: 1993 Subdivision: JUN = 3 1993
Address: 22 Bramhall St. LOCATION OF CONSTRUCTION	Inside Fire Lonts
Machine F.H. Chase Inc.	Bldg Code Ownerston TV-OF POR MEANU
Address: 69 Elm St. Foxboro, Ma Phone # 617-237-2000	Date May 28, 1993 Subdivision UN 3 993 Inside Fire Limit Bldg Code Ownerstee TY OF PORMAND Estimated Cost 158,000
Est. Construction Cost: 158,000 Proposed Use: Hospital	Zoning:
Past Use:same	Street Frontage Provided: Provided Setbacks: FrontBackSideSide
# of Existing Res. Units # of New Res. Units	Review Required: Zoning Board Approval: YesNo Date:
Building Dimensions L W Total Sq. Ft.	Planning Board Approval: YesNo Date:Site PlanSubdivision
# Stories: # Bedrooms Lot Size: Is Proposed Use: Seasonal Condominium Conversion	Shoreland Zoning Yes No Floodplain Yes No Special Exception
Is Proposed Use: Seasonal Concommunity Conversion Interior renovations per plans	Other (Explain) 6-1-93 HISTORIC PRESERVATION
Explain Conversion	Ceiling: HISTORIC PRESERVATION
Foundation:	1 Coiling Joists Size:
1. Type of Soil: 2. Set Backs - Front Rear Side(s)	2. Ceiling Strapping Size Spacing 3. Type Ceilings: Does not seque series 4. Insulation Type Size Requires Review
3. Footings Size: 4. Foundation Size:	3. Type Ceilings: 4. Insulation Type 5. Ceiling Height: Size Requires Review Size Requires Review
5. Other	Roof: 1. Truss or Rafter Size Span Approved Approved
Floor:	Roof: 1. Truss or Rafter Size Spanisher: 2. Sheathing Type Size There are Conditions 3. Roof Covering Type
1. Sills Size: Sills must be anchored.	3. Roof Covering Type Chimneys: Type: Heating: Type of Heat:
3, Lally Column Spacing: Size: Spacing 16" O.C.	Heating:
# Dille Trace	Type of Heat: Electrical: Service Entrance Size: Size: Size: Size: Size:
6. Floor Sheathing Type: Size: 7. Other Material:	Plumbing
Exterior Walls:	1. Approval of soil test if required Yes
Exterior Walls: 1/ Studding Size Spacing 2. No windows	No. of Flushes
33 No. Doors Span(s)	No. of Layatones No. of Other Fixtures
4. Header Sizes Span(s) 5. Bracing: Yes No.	Square Footage
6 Corner Posts Size Size Size	Square Footage State Legy.
8 Sheathing Type Size Weather Exposure	2. No. of Tubs or Showers 2. No. of Flushes 4. No. of Lavatories 5. So. of Other Fixtures 1. The: 2. Square Footage 3. Must conform to National Flectrical Code and State Law. Permit Received By Description: Permit Received By
the substitute of the substitu	CALLED A LANGE CONTROL
Interior Walls: Interior Walls: Spacing Spacing	Signature of Applicant
9 Honder Sizes Span(8)	Signature of CEO Date
3. Wall Covering Type	
3787.5 Other Materials	
White-Tax Assesor Yellow-C	[3] MAN YOUNG

arrows and the same of the sam



APPLICATION FOR PERMIT DEPARTMENT OF BUILDING INSPECTIONS SERVICES ELECTRICAL INSTALLATIONS

•		Receip	t and Permit nui	نزردي nber
To the CHIEF ELECTRICAL INSPECTOR, Portland The undersigned hereby applies for a permit to ma		ıstallations	in accordance wit	h the laws of
The undersigned hereby applies for a permit to make Maine, the Portland Electrical Ordinance, the Nation LOCATION OF WORK: 22 Bramball St. OWNER'S NAME: Maine Medical Center	al Electrical Co	ode and the	following specifi ひん・ナ mm	cations:
LOCATION OF WORK: 22 Bramball St.	ADDDECC:	22	Bramhall St.	17.
OWNER'S NAME: Maine Medical Center	_ NDDRESS			FEES
,				
CUTLETS: Receptacles Switches Plugm	old ft.	TOTAL _		
Townstown Flourescent (n	ot strip) TOTA	AL		
Strip Flourescent ft				
Owenhand Tindorsmound Tem	porary	TOTAL an	nperes · ·	
METERS: (number of)				
Transform!	<i></i>	• • • • • • • • • • •		
1 HP or over	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •		
RESIDENTIAL HEATING:				
Oil or Gas (number of units)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •		
Electric (number of rooms)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •		·
COMMERCIAL OR INDUSTRIAL HEATING:				
Oil or Gas (by a main boiler)	•••	• • • • • • • • • • • •		
Oil or Gas (by separate units) Electric Under 20 kws Over 20 k		• • • • • • • • • • •		
		.4		
APPLIANCES: (number of)	Water Heat	pro		
Ranges	Disposals			
Cook Tops	Dishwasher			
Wall Ovens	Compactors			
Dryers Fans	Others (den	ote)		
TOTAL				•
Pronch Panels				
Transformers				•
Air Conditioners Central Unit				. 10,00
Sanarata Ilnita (Windows)				•
Ciona 20 ca ft and under				•
Over 20 sq. ft.				•
Swimming Pools Above Ground				•
In Ground	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	,
Fire/Burglar Alarms Residential				•
Commercial				•
Heavy Duty Outlets, 220 Volt (such as welde	ers) 30 amps a	na unaer		•
Circus, Fairs, etc.	over 30 an	ips		
a a	• • • • • • • • • • • • • • • • • • •			
Alterations to wires	• • • • • • • • • • • • • • • • • • • •			
Repairs after fire Emergency Lights, battery				
Emergency Lights, battery				
Emergency Generators	TNST	ALLATION	FEE DUE:	10.00
FOR ADDITIONAL WORK NOT ON ORIGINAL I				
FOR REMOVAL OF A "STOP ORDER" (304-16.b)				
LOTE THINKS AND OF IT DIGE CHARGE (BOLLOW)	7	TOTAL AM	OUNT DUE: MI	N15.00
			111	
INSPECTION:				
Will be ready on, 19_;	or Will Call	X		
COMPOACTOR'S NAME: Christopher Wing				
ADDRESS: 58 Sunset Ave. So	o. Portland,	ME 04106	<u> </u>	
TEL: 871-0343				
TEL: 871-0343 MASTER LICENSE NO.: 16575	SIGNATU		TRACTOR:	•
LIMITED LICENSE NO.:	_ cure	upm t	· chlima	

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

ELECTRICAL INSTALLATIONS INSPECTIONS: Service Service called in Closing-in 22 Bramha PROGRESS INSPECTIONS: REMARKS: DATE:

FEET P.

i i

APPLICATION F F R SUBMETER

For Sewer User Charge Adjustments

The undersigned hereby requests permission to install additional water weter(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 12 BRAN HALL, PORTLAND OR.
Property owner name MAINE MEDICAL CTR.
Tax Map Reference on Real Estate Tax Bill) 54 H
Property owner address 22 BRANHALL, PORTGAND, ME.
Person to be contacted to schedule inspections PH: 1 5T. Tacques 87/-2988 (Name and Telephone Number) (PRIOR TO 6/15/90 PWD LETTER), (AFTER 6/15/90 PWD LETTER), (PRIOR TO 6/15/90 PWD LETTER), (AFTER 6/15/90 PWD LETTER),
Portland Water District Acc. M. (on-bill) P91 P350 P-(91)-608C-1
Billing Name & Address (on bill) MAINE MED. CTR-
22 BRAMHALL, PORTLAND, ME.
Location and size existing Portland Water District Service Meter
RICHARDS MACHINE ROOM 4" HERSEY SPAULDEUS.
Proposed location and size of sub-meter 15" Replacement with Appending Gen'l. BLDG.
METER AND WATTS #9 CHECK IN BOILER ROOM (#8-711)
Will a remote reading register be utilized? NO YES (If yes, state location
Description of proposed changes in plumbing required for submetering: Sketch plan showing proposed changes in plumbing and the location of exist- ing and proposed meters. Show water flow through submeter to non-discharge equipment or location (use additional sheet of paper if necessary) BACKFLOW PREVENTER SUBMETER
The volume of water to be submetered can be shown not to enter the sewerage system by virting of its use for: RICHARDS WING ACOULTMG TOWER BOILER ROOM BOILER ROOM
I certify the above information is true and correct: Soliday Scient G/22/90

ADDLICATION GENERAL INFORMATION INSTRUCTIONS: The applicant is to complete fromt of this form. The Tax Map Refer can be found on your Real Estate Tax Bill directly following owners and address in the center of your Property Tax Bill. Billing naw address should be copied from your Water & Somer Bill as well as the Portland Mater District Account Number which is in the lower left of of the Water and Sever Bill. Mail completed application form to: City of Portland Dept. of Public Works 404 City Hall Portland, Maine 04101 ATTHE PR. WILLIAM GOODNIN The Public works Department will call the person indicated on front side to structure pre-installation inspection. During this inspection the Public Works section of this f. rm [beloal will be coroleted. Following this inspection Fublic Works will make capies of the application form. If approved 3 raties will be made, one will be mailed to the Portland Water District. will be flowered to the City Plurbing Inspect and one will be mailed both to the Applicant. If the application is denied, one copy will be cade and resided to the applicant showing reason for whental. Approved raters are. Repture and fockwall raters, conforming to the following cifications: shall neet or exceed ANA accuracy test requirements and be accorpanied by a certificate of test accuracy. the reters will have straight reading, table foot registers. the reters will have the reter number sizeped fato the main case. the reters shall be payette drive. shall have either a nutting disc or oscillating piston. shall have a bronze case. Approved maters are austhable from the Water District, which salls them for the price the District buys them from the manufacturers. If you wish to purchase a submiter 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 8. Govoluon Marsh 26, 1930 Automatic reading system requested YES NO Reporting Cards A World's No 9 Back Flow Preventer or equal shall be Required installed 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 by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Portland. The submetering system was irstalled as approved. No cross connections were found. approved dis-approved The installation is TO BE COMPLETED BY THE WATER DISTRICT Date submeter sold Submeter account number Submeter make and number Florases Submeter installation readings

Submeter account entered into computer_

Special Instructions

Submeter account entered into meter book 4-17-80

* Existing Meter being replaced

26058395 V

APPLICATION FOR SUBMETER

For Sewer User Charge Adjustments

The undersigned hereby requests permission to install additional water mater(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.

It is understood that all expenses related to the partial ance of the meter(s) is to be borne by the applicant.	
To be Completed by Applicant	
Address where sub-meter is requested 22 BRAM NAW, PORTLAND, Me.	
Property owner name MAINE / POBLATION	
Tay Man Reference (on Real Estate Tax Bill) 3 9 //	
Property owner address 22 BRAMHALL T 171-2988	
Person to be contacted to schedule inspections PNIL ST. Jacques, 871-2988 (Name and Telephone Number) (PWD A/c#, BEFORE 6/15/90 PWD LETTER) (PWD A/c#, BEFORE 6/15/90 PWD LETTER) (PWD A/c#, BEFORE 6/15/90 PWD LETTER)	re e
n when History District Acct. No. (on Dill)	
Billing Name & Address (on bill) MAINE (7)	, []
Billing Name & Address (on Bill) PORTLAND, MENTANTAL	
ELOCATION and size existing Portland Water District Service Meter 1870 MAGE 2018 ELOCATION and Size existing Portland Water District Service Meter 1870 MAGE 2018 ELOCATION AND PORTLAND FOR HOUSE #26091613 FOR LAUNDRY & SULMETER #	S
and location and size of sas 377	
Will a remote reading register be utilized? (NB) YES (If yes, state location)	
Description of proposed changes in plumbing required for submetering: in plumbing required for submetering: in plumbing and the location of exis ing and proposed meters. Show water flow through submeter to non-dischar equipment or location (use additional sheet of paper if necessary)	ae l
BOILER ROOM #5-715	
The volume of water to be submetered can be shown not to enter the sewerage system by virtue of its use for: Boiler Make (AP - 2005) WATER #26058377	Justi
I certify the above information is true and correct: 2	

INSTRUCTIONS:

Ine applicant is to complete front of this form. The Tan Map Reference can be found on your Real Estate Tan Elil directly following owners near and address in the contain of your Property Tat 1111. Billing owner and address should be copied from your Mater a Steer Bill as well as the Portland Water District Account Humon which is in the lower left come of the Sater and Saver Bill.

Mail completed application form to:

il res

City of Portland Dept. of Public Works 404 City Hell Portland, Maine 04101

ATTN: PR. WILLIAM GOODNIN

e Public Works Department will call the person indicated on front side schedule pre-installation inspection. During this inspection the public lower section of this form (selon) will be completed. Joiltowing this process of the application form. If the spection Fullic Works will make copies of the application form. If the placetion is approved a copies will be rade, one will be resident to the plication is approved a copies will be rade, one will be resident to the raised to the raised to the copy silver in the process of the application of the application in applications and applications and applications are copy will be neede and mailed to the applicant showing reason receival.

GENERAL INFORMATION

Section 322.60 of the "Municipal Code of the City of Portland, Maine" reads as follows:

The City and it. District here arranged to relieve the customer from the reporting responsibility required above if both maters can be read simultaneously by the Districts feter headers during their regularly scheduled wisits to read the pre-existing struct mater. This can be acceptiated by locating the sub-retar directly adjacent to the pre-existing service return or by exploing the sub-retar located elsewhere with a resolutive and present the same time.

Approved reters are. Napture and fockwell reters, conforming to the following specifications:

- 1. shall rest or exceed AVA accuracy test requirements and be accompanied by a certificate of test accuracy.
 2. the reters will have straight reading, carbic Not registers.
 3. the reters will have the reter number starped into the main case.
 4. the enters shall be payetic drive.
 5. shall have either a mutating disc or oscillating piston.
 6. shall have a bronze case.

o. small new a bronze case.

Approved smalers are available from the Water District, which sells than for the price the District buys them from the namufacturers. If you wish to purchase a submeter from the District you must bring your copy of an approved application with you at time of purchase.

TO BE COMPLETED BY PUBLIC WORKS

installed in line Application		reventer or equ	Regulie al shall be	
Comments	JP •			
An inspection o approved on this app by Ernold R. Goodwin	, Chief Plumbing insp	allation of the ed on <u>5/20/8</u> pector of the Ci	submetering syste	m _ ·
energy.	system was installed tions were found. n is Approved dis-appro			đ
TO BE CONDate submeter account numb Submeter make and num Submeter installation Submeter account enter Submeter account enter Submeter account enter Special Instructions	readings 1011	233550 130 cm	77.	

APPLICATION F@R 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 22 Branchall St.	
Property owner name MAINE Medical CTR.	
Tax Map Reference(on Real Estate Tax Bill) 54 H	
Property owner address 22 Bramball St.	
Person to be contacted to schedule inspections (Name and Telephone Number)	
P-(9)/607C	1
Portland water district Accessos (on 2007)	1
Billing Name & Address (on bill) MAINE MED-CTR.	ر الله الله الله الله الله الله الله الله
22 BRAMHALL PORTLAND ME-	4
"RADIATION, THERAPY," OR NUCLEAR DIAGNOSTIC FACILITY Location and size existing Portland, Water District Service Meter (N-1). F) (ROOM #	
CHEETMACHINE ROOM. 30 HERSEY SPAULDINGS	and later
Proposed location and size of sub-meter Replacement will Appropriate	
METER AND WATTS#9 WACK	
Will a remote reading register be utilized? NO (VES) If yes, state location	
NDF UTILITY COOSET (ROOM #B-430)	42
Description of proposed changes in plumbing required for submetering: in plumbing required for submetering: in plumbing required for submetering: in g 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: NUCLEAR DIAGNOSTIC FACILITY COOLIAN GOODER	AND TOTAL CARTES AND BUILDING AND
#B-430 FJB 6/25/90	
I certify the above information is true and correct:	
Philip signature ()	ا

INSTRUCTIONS

The applicant is to complete front of this form. The Tax Pap Reference can be found on your Real Estate Tax Bill directly following owners near and address in the contar of your Percenty Tax Bill. Billing new and address should be cooled from your Mater & Symer Bill as well as the Fortland Water District Account Humber which is in the lower laft corner of the Water and Sever Bill.

Mill corplated application form to:

City of Portland Dept. of Public Works 436 City Hell Portland, Naime C4101

ATTH: PR. WILLIAM GOODSTA

The Public borks Department will call the person indicated on front side to sche'ule pre-installation inspection. During this inspection the Public Works section of this form; (bolds) will be completed. Tollowing this inspection Fullic borks will not explose of the application form. If the application is approved 5 could be forested to the city Public person of the application form of the could be forested to the city Public plane for radione will be maked to the Application. If the application is could be forested to the application is disted, one copy will be pade and mailed to the applicant showing reason for challen.

GENERAL INFORMATION

Section 322.FC of the "renicipal Code of the City of Portland, Kaine" made as gradient

"Submitering of Bater Volume. Any perion who feels that recorded water records are not a reliable looks of his discharge volume any metal in additional water extent of a type sported by the Director install an additional water which can be shown not to eather the to creative the volume has been such can be shown out to eather the sterrogs system. For such installing such a sater shall breefied the bit of the Birector store the installation and shall be responsible to the Director storething metar reading not less often than every their runtin. Such person shall be credited with the volume shapes for the volume shown by such meter, which rater shall be coessible for reading by the City or its agents at all resonable times."

Approved paters are, Reptuse and factuall maters, conforming to the following specifications:

1. shall seet or , seed ANA as usery test requirements and be accordanted by a certificate of test accorate.

2. the ceters will have straight reading, table foot registers.

3. the ceters will have the setter number stamped into the soin case.

4. the reters shall be papertic drive.

5. shall have either a nutating disc or oscillating piston.

6. shall have a bronze case.

Approved enters are available from the Nater District, which sells them for the price the District by a beat from the camplacturers. If you wish to purchase a subceter from the District you must bring your copy of an approved application with you at time of purchase.

NDF.

TO BE COMPLETED BY PUBLIC WORKS

Pre-installation inspection by Owing B. Goodung	er (electroniste en electroniste en electronis
Automatic reading system requested TYES MNO Reporting Common A Walls # 7 Back Flow Preventer or equal shall be installed in line.	4 Rgni
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 by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Portland.	m
The submetering system was installed as approved.	£ 1/2
No cross connections were found. The installation is approved dis-approved	
TO BE COMPLETED BY THE WATER DISTRICT	
Date submeter sold 4-17-80 Submeter account number 7-91-60 -C Submeter make and number 4-584-887065% Submeter installation readings 5-3370% Submeter account entered into computer Submeter account entered into meter book 4-17-80 Special Instructions	= 3°/
1"Ø ROCKWELL #24680890	
* Fristian Mater being replaced	

Mail To. City of Portland Parks/Public Works 55 Portland Street Portland, Maine 04101

FOR SUBMETER

FOR SEWEF USER CHARGE ADJUSTMENTS

The undersigned here y requests permission to install additional water meter(s) in accordance with Section 3.2.60 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 APPLICANTS

TO BE COMPLETED BY MITTER
22 A 2 1 1 1 1 1 2 1 1 2 1 1 2
Address where sub-meter is requested 22 BRAMBALL, Pontland
Property Owner's name MAINE Manical CTR
Tax Map Reference (On Real Estate Tax Bill) 54 H
Property owner's address 22 BoamHall PontLand
Property Owner 3 data of the properties of the Santa 821-3988
Person to be contacted to schedule inspections (JANU SALLO 871-1988) (Name and Telephone Number)
Portland Water District Account No. (On bill) P-(G)607 BA
Billing Name & Addres (On bill) MAINE MENICAL CTN
22 BornHall St. PAVILLION
Location and size existing Portland Water District Service Meter 1956 ABULDIAN DEPER (#4215973)
(RooM #8-305) (RooM #8-305) Lower (#4215973) Lower (#4206029)
market Summy 4 /masky sportering
Proposed location and size of sub-meter 3/4" Borf of 1956 Building Bohin
the The Cooling Towers
Will a remote reading register be utilized? NO YES (If yes, state location
Description of proposed changes in plumbing required for sub-metering: Rephonics Bristin, Dannsal Submatan (Rukwall #88 94655 34")
Description of proposed the iges in planting to the control of the interest of
BXISTIN, DAMASRI SUBMETAIN ROLKWELL HOD 44633 CA
The volume of water to be submetered can be shown not to enter the sewerage system by virture
of its use for: Cuti, Turking
<u> </u>
I certify the above information is true and correct:
19/24/26 1/24/26 Pake
Signature

Revised 12-30-85

n.d.

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)

COOLING
TOWERS

ROCKWELL C.T.) (C.T.)
(#36622133)

1956 PAVILLION
UPPER ROOF PENTHOUSE
6/25/90

TO BE COMPLETED BY PUBLIC WORKS

Pre-installation inspection by <u>DE Pat en sen</u>
on 4-22-86
Automatic reading system requested YES G-NO CANDS
ABack Flow Preventer or equal shall be
installed
Application Approved Denied
Comments this application supraceles one obtacl
- 4/10/ec for some docation also include one
Dotal And 1, 1985
TO BE COMPLETED BY THE PLUMBING INSPECTOR
An inspection of the completed installation of the sub-metering system approved on this application was conducted on $\underline{S-2-94}$ by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Fortland.
The sub-metering system was installed as approved
The sub-metering system was installed as approved to the sub-metering system was installed as a sub-metering system was a sub-metering system.
The installation is approved
dis-approved
TO BE COMPLETED BY THE WATER DISTRICT
1/21/84
Date submeter sold Submeter account number Submeter make and number Submeter installation readings Submeter account entered into computer Submeter account entered into meter book
Submeter make and number 3/4 R# 366 22 133 + 12 12 12 12 12 12 12 12 12 12 12 12 12
Submeter installation readings
Surmerer account, entered files weets book
Special instructions

-

APPLICATION

F®R SUBMETER



For Sewer User Charge Adjustments

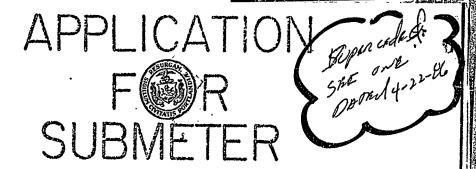
The undersigned hereby requests permission to install additional water meter(s) in accordance with Section 322.6C of the "Municipal Code of the City of Portland, Maine".

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

To be Completed by Applicant
Address where sub-meter is requested 22 Bramhall ST.
Property owner name MAINE MEDICAL CENTER
Tax Map Reference(on Real Estate Tax Bill) 54 H
Property owner address 22 Bizamball ST
Person to be contacted to schedule inspections Gary Sacco 871-2988 A/C#, SINCE 6/15/90 PWD LETTER— (Name-and-Telephone Number) A/C NOS., PRIOR TO 6/15/90 PWD LETTER—P-(91)-608C-1 Portland Water District Acct. No. (on bill)
Eilling Name & Address (on bill) SAME
SAME
_ccation and size existing Portland Water District Service Meter
Proposed location and size of sub-meter BEAM Pump house (AT SERVICE ROAD) (ROOM #5064) (Bean Mechanicr L Room (Sub-basement) 1870 MAINE GEN'L. BISDG. Will a remote reading register be utilized? (NO) YES (If yes, state location)
Description of proposed changes SERVICE SERVICE STAND PROPOSED COOLING TO POOL OF SERVICE SERVICE TO Plumbing and the location of existing plumbing required for submetering: Change Meter From a Cooling to through submeter to non-discharge equipment or location (use additional sheet of paper if necessary) Change Meter From a Cooling to through submeter to non-discharge equipment or location (use additional sheet of paper if necessary) The volume of later to be submetered can be shown not to enter the sewerage system by virtue of its use for: Cooling Tower Cooling tower through submeters. Show water to paper if necessary) Cooling Tower Trip Service Road Cooling tower through submeters. Show water to paper if necessary. Cooling Tower Trip Service Road Cooling tower through submeters. Show water to paper if necessary. Cooling Tower Trip Service Road Cooling tower through submeters. Show water to non-discharge equipment or location (use additional sheet of paper if necessary) Cooling Tower Trip Service Road Cooling tower through submeters. Show water to non-discharge equipment or location (use additional sheet of paper if necessary) Cooling Tower Trip Service Road Cooling tower through submeters. Show water to non-discharge equipment or location (use additional sheet of paper if necessary) Cooling Tower Trip Service Road Cooling tower through submeters. Show water to non-discharge equipment or location (use additional sheet of paper if necessary) Cooling Trip Service Road Cooling tower to non-discharge equipment or location (use additional sheet of paper if necessary) Cooling Trip Service Road Cooling to the paper if necessary. Cooling Trip Service Road Cooling to the paper if necessary. Cooling Trip Service Road Cooling to the paper if necessary. Cooling Trip Service Road Cooling to the paper if necessary. Cooling Trip Service Road Cooling to the paper if necessary. Cooling Trip Service Road Cooling to the paper if necessary. Cooling Trip Service Road Cooling to the paper if necessary. Cooling Tr

j

GENERAL INFORMATION INSTRUCTIONS Math completed application form to. City of Partier; Data of Public yers Portland Af-City City Public 9 Portland, Plaine 64151 Portland, Plaine 64151 shall meet or exceed AVAA accuracy test requirements and be accordanced by a certificate of test accuracy. be receive will have straight reading, coals foot registers— the moon will have the matter number stamped into the sain case. be retern shall be regetted offer. shall have either a nutating disc or oscillating piston. shall have a bronze case. fourtr - the retreet of a copy of the approved confliction, the applicant can purchase and install the sub-weter as opproved. Collaming installation the college and installation and purchase applicant or his plumper purchase applicant or his purc e. Approved reters are available from the Mater District, which sells thy for the sprice the District buys them from the Mater District, which sells thy for the sprice the District buys them from the American 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 DAVID E. PETERSON Automatic reading system requested Back Flow Preventer or equal shall be installed Approved Denied Application Comments BACK FLOW POS VENTOS MARE TO BE COMPLETED BY THE PLUMBING INSPECTOR **海**电点 An inspection of the completed installation of the submetering system approved on this application was conducted on by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Portland. The submetering system was installed as approved. No cross connections were found. approved dis-approved The installation is · TO BE COMPLETED BY THE WATER DISTRICT Date submeter sold Submeter account number Submeter make and number Submeter installation readings Submeter account entered into computer Submeter account entered into meter book Special Instructions



For Sewer User Charge Adjustments

6
Ţ.
67956
* * *
2
1
)
19
ŀ
. Ì
in
. ľ
t-
ge 1
ł

" INSTRUCTIONS

The applicant is to corplete front of this form. The Tax Map Reference can be found on your Real Estate Tax 511 directly following noners name and address in the contain of your Property Tax 511. 811. none and address should be copied from your Mater & Sever 5111 as ... I as the Portland Mater District Account Number which is in the Inner left corner of the Water and Sever 9111.

Second - Hall completed application form to:

The Control of the State of the

City of Portland
test, of rubic borks
436 City Hell to
Portland, Name 04101
ATM: PR. WILLIAM GCODMIA

The Public Works Department will call the person indicated on front side to accepting pre-installation inspection. During this inspection the Public Works acception of this form (below) will be completed. Following this inspection Public Works will ask expise of the application form. If the explication is approved 3 cortes will be easily one will be raided to the Portland Mater District, one will be easily one will be raided to the city Purching inspection and the will be written by the province of the explication is denied, one copy will be made and easiled to a applicant showing reason for denial.

the contain the sub-meter as 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 as 773-451 Eat. 234 for an inspection of the completed installation. [siloning inspectors are provided in the completed installation.]

GENERAL INFORMATION

Section 322.66 of the "nunicipal Ends of the City of Portland, Haine" reads as follows:

"Submitering of lister Yolune. Any person who feels that recorded water records are not a refribe index of his discharge volune may instant as not work of the restriction of the person of the person

The City and the District have arranged to relieve the customer from the responsibility required above if both resters can be read simultaneously by the fater Readers during their regularly scheduled visits to read the pre-existing meter. This can be accomplished by locating the sub-retur directly adjacent pre-existing service retur or or equipoling the sub-retur located (leader) reading register located so both readings can be made at the same time.

Approved reters are, Heptune and Pockwell raters, confurming to the following specifications:

- Shall meet or exceed FMA accuracy test requirements and be accorpanied by a certificate of test accuracy.
 The exters will have straight reading, chic foot registers.
 The neters will have the mater number stumped into the sain case.
 The exters will have the mater annual reading piston.
 Shall have either a mutating disc or oscillating piston.
 Shall have either a mutating disc or oscillating piston.

applicable - has General intercation intercation of the Sever liker Charges of the Bill.	tion with you
Bailding TO BE COMPLETED BY PUBLIC WORKS	e en
Pre-installation inspection by William B. Gradum	And the second s
Automatic reading system requested YES NO Reporting by A Watts No. 9 Back Flow Proventer or equal shall be	Cards
Application Approved Denied Comments	
	A STATE OF THE STA
An inspection of the completed installation of the submetering system approved on this application was conducted on 5/20/60 by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Portland. A submetering system was installed as approved. No cross connections were found. The installation is approved dis-approved	
Date submeter sold Submeter account number Submeter make and number Submeter installation readings Submeter account entered into computer Submeter account entered into meter book Special Instructions	3/4 8
	Pre-installation inspection by William B. Gostling on Morch 2C 1400 Automatic reading system requested YES NO Reporting by A watts No. 9 Back Flow Preventer or equal shall be installed in line bates. Submeter 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 5/20/20 by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Portlands of 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 Submeter make and number Souther termake and number Submeter make and number Submeter installation readings 04178 Submeter account antered into computer Submeter account antered into meter book/