

2-8 BRADHAL STREET

SILVER WALKER

Full cut # 920R • Half cut # 9204R • Third cut # 9203R • Fifth cut # 9205R

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION

Owner: Maine Medical Center

August 23, 1973

With relation to permit applied for to demolish a building
at 8 Bramhall St it is unlawful
to commence demolition work until a permit has been issued from
this department.

Section 6 of the Ordinance for rodent and vermin control
provides: "It shall be unlawful to demolish any building or
structure unless provision is made for rodent and vermin
eradication. No permit for the demolition of a building or
structure shall be issued by the Building Inspection Department
until and unless provisions for rodent and vermin eradication
have been carried out under supervision of a pest control
operator registered with the Health Department.

The building permit for demolition cannot be issued until the
provisions of this section have been satisfied. It is the
obligation of owner or demolition contractor or both to take
up with the Health Department the matter of complying with this
section, being prepared to inform that department what registered
pest control operator is to be employed.

Inspection this date gave no
evidence of any rodent activity.

8-24-73

R.W.H. c

units 3

Very truly yours,

R. Lovell Brown
Director

Eradication of this building has been completed.

Contractor:

Santino Viola

12 Frost St.



APPLICATION FOR PERMIT

Class of Building or Type of Structure dwelling
Portland, Maine, August 23, 1973

PERMIT ISSUED

00940 AUG 27 1973

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location 8 Bramhall St Within Fire Limits? _____ Dist. No. _____
 Owner's name and address Maine Medical Center Telephone _____
 Lessee's name and address _____ Telephone _____
 Contractor's name and address Santino Viola, 12 Frost St Telephone _____
 Architect _____ Specifications _____ Plans _____ No. of sheets _____
 Proposed use of building _____ No. families _____
 Last use dwelling No. families 2
 Material _____ No. stories 2 1/2 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____ Fee \$ 10.00
 Estimated cost \$ _____

General Description of New Work

demolish building. Gas co. notified from this office.

Permitted by Health Dept. 8/23/73
 Permitted by Health Dept. 8/27/73
 Sent to Fire Dept. 8/23/73

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. **PERMIT TO BE ISSUED TO**

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____
 Is connection to be made to public sewer? _____ If not, what is proposed for sewage? _____
 Has septic tank notice been sent? _____ Form notice sent? _____
 Height average grade to top of plate _____ Height average grade to highest point of roof _____
 Size, front _____ depth _____ No. stories _____ solid or filled land? _____ earth or rock? _____
 Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
 Kind of roof _____ Rise per foot _____ Roof cover _____
 No. of chimneys _____ Material of chimneys _____ of lining _____ Kind of heat _____ fuel _____
 Framing Lumber--Kind _____ Dressed or full size? _____ Corner posts _____ Sills _____
 Size Girder _____ Columns under girders _____ Size _____ Max on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O. Bridging in every floor and flat roof span over 8 feet.
 Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
 Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
 If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____, to be accommodated _____ number commercial cars to be accommodated _____
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

APPROVED:

Miscellaneous

Will work require disturbing of any tree on a public street? _____
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

CS 301

INSPECTION COPY

Signature of owner by:

SANTINO VIOLA



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland Maine, September 18, 1946

PERMIT ISSUED 01792 SEP 19 1946

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 8 Bramhall Street Use of Building Dwelling No. Stories 1 1/2 Existing Building Existing Name and address of owner of appliance Francis Dana, 8 Bramhall Street Installer's name and address Randall & McAllister, 84 Commercial St. Telephone 3-2941

General Description of Work

To install oil burning equipment in connection with existing steam heat.

IF HEATER OR POWER BOILER

CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED

Location of appliance or source of heat Type of floor beneath appliance If wood, how protected? Kind of fuel Minimum distance to wood or combustible material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rate maximum demand per hour

IF OIL BURNER

Name and type of burner Timken Labelled by underwriters' laboratories? yes Will operator be always in attendance? no Does oil supply on top or bottom of tank? Bottom Type of floor beneath burner Cement Location of oil storage Cellar Number and capacity of tanks 1-275 gallon. If two or more oil tanks, will three-way valve be provided? Will all tanks be more than five feet from any flame? yes How many tanks fire proofed?

IF COOKING APPLIANCE

Location of appliance Kind of fuel Type of floor beneath appliance If wood, how protected? Minimum distance to wood or combustible material from top of appliance From front of appliance From sides and back From top of smoke pipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? \$1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Randall & McAllister

Signature of Installer

By: Arthur P. [Signature]

INSPECTION COPY