

BUILDING PERMIT REPORT

DATE: 10-7-91

ADDRESS: 22 Bramhall St

REASON FOR PERMIT: Underground Tank Removal Installation

Abandonment in place

BUILDING OWNER: Maine Medical Center

CONTRACTOR: Les Wils + Sons

PERMIT APPLICANT: Les Wils

APPROVED: Les DENIED: \_\_\_\_\_

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.



STATE OF MAINE

# Department of Environmental Protection

MAIN OFFICE: RAY BUILDING, HOSPITAL STREET, AUGUSTA  
MAIL ADDRESS: State House Station 17, Augusta, 04333  
207-289-7668

DEAN C. MARRIOTT  
COMMISSIONER

JOHN R. McKERHALL, 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.

Sincerely,

*William V. Valentine*

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

WVW:t1j/WWSACCO

wwform2abbrev

Enclosure

**RECEIVED**

OCT 04 1991

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND

printed on recycled paper

REGIONAL OFFICES

912684 912684

Permit # 912684 City of Portland BUILDING PERMIT APPLICATION Fee \$10.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Maine Medical Center Phone # 871-2988  
 Address: 22 Bramhall St. Portland, Maine 04102  
 LOCATION OF CONSTRUCTION 22 Bramhall St.  
 Contractor: Lea Wilson Sub: \_\_\_\_\_  
 Address: P.O. Box 1028 West. 04098 Phone # 854-4583  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
 Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion To remove one 10,000 gal fuel oil underground tank

**For Official Use Only**

Date June 5, 1991 Subdivision \_\_\_\_\_ Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Location \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_

**PERMIT ISSUED**  
 JUN 11 1991  
 CITY OF PORTLAND

Zoning: Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) W.D. 10-10-91

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

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

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

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

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

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

**Chimneys:**  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Date: \_\_\_\_\_  
 Size: \_\_\_\_\_

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

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

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

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

Permit Received By Latini  
 Signature of Applicant Ron Wilson Date 6/5/91  
 Signature of CEO Eric Hubbert Date 6/5/91  
 Inspection Dates \_\_\_\_\_

**HISTORIC PRESERVATION**  
 Not in District nor Landmark  
 Does not require review.  
 Requires Review.

**PERMIT ISSUED WITH REQUIREMENTS**

**PLOT PLAN**

N  
▲

**FEES (Breakdown From Front)**  
Base Fee \$ 10.00  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Da.
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

**COMMENTS** submitting DEP Forms

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant *Paul Wilson Agent To Draw* Date June 5, 1991

BUILDING PERMIT REPORT

DATE: 6-5-91  
ADDRESS: 22 Burnhill St  
REASON FOR PERMIT: Underground Tank (Removal) Installation  
1 - 10,000 gal Diesel  
BUILDING OWNER: Marine Medical Center  
CONTRACTOR: Les Wilson & Son  
PERMIT APPLICANT: Ron Wilson  
APPROVED: Life ~~DENIED~~

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

7/88

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

COPY

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: MAINE Medical Center  
Mailing Address: 22 Bramhall St Telephone No.: 871-2788  
City: Portland State: ME Zip Code: 04102  
Contact Person (name, address & telephone no.): GARY SACCO

Name of Facility: SAME Registration No.: 12096  
Facility Location: SAME

1. Identify the tanks at this location which are to be removed:

Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A. # 2	6	10000	Diesel
B.			
C.			
D.			

2. Directions to Facility (be specific):

MAINE Med. Center

3. 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: LCS Wilson & Sons 854 4583

Certified Tank Installer Certification Number & Name (if applicable):  
N/A

Professional Firefighter Yes \_\_\_ No \_\_\_ (Affiliation: \_\_\_\_\_)

5. Expected date of removal: 6/10/91 I am getting ahead from Steve Flannery for having to remove a leaky tank.

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 6/5/91

Ronald Wilson Rep.  
Signature of Tank Owner or Operator

Ronald Wilson Rep.  
Printed Name and Title

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

913150

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$5020 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Maine Medical Center Phone # 871-0111 (Allen Chandler)

Address: 22 Bramhall St; Ptld. ME

LOCATION OF RESTORATION XXXXXXXXXX EXXXXXXXX

Contractor: Restoration Sub: \_\_\_\_\_

Address: 52 Ryle Ave East Phone # 201-595-1302

Est. Construction Cost: 1,000,000 Proposed Use: parking garage

Part Use: parking garage

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion renovations to parking garage

**For Official Use Only** OCT 16 1991

Date: 10/9/91 Subdivision: \_\_\_\_\_ Name: \_\_\_\_\_

Inside Fire Limits: \_\_\_\_\_ Bldg Code: \_\_\_\_\_

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

Estimated Construction Cost: 1,000,000

Zoning: RENOVATION

Set Backs Provided: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required: Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_

Special Exception \_\_\_\_\_

Other (Explain) WLD 10-10-91

**Foundation:**

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

**Floor:**

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

**Exterior Walls:**

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

**Interior Walls:**

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

**Ceiling:**

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

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action \_\_\_\_\_ Approved.
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_

**Chimneys:**

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

**Heating:**

- Type of Heat: \_\_\_\_\_

**Electrical:**

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

**Plumbing:**

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

**Swimming Pools:**

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

Permit Received By \_\_\_\_\_

*Louise E. Chase*

**PERMIT ISSUED WITH LETTER**

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

Date 10/9/91

CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO 13 MRS Lou R.

White - Tax Assessor

**PLUMBING APPLICATION**

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

**PROPERTY ADDRESS:**  
Town or Plantation: Portland MAINE  
Street Subdivision Lot #: 22 DRAMHALL ST. (P3A)

**PROPERTY OWNERS NAME:**  
Last: MAINE MEDICAL CENTER  
First: \_\_\_\_\_

Applicant Name: W. L. FAIETTA JR

Mailing Address of Owner/Applicant (If Different):  
440 SOUTH ME

PORTLAND 4440 TOWN COPY

Date: 3/24/92 FEE: \$ 116 Double Fee Charged:

Local Plumbing Inspector Signature: [Signature] License #: 01124

**Owner/Applicant Statement**  
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.  
Signature of Owner/Applicant: [Signature] Date: 3-18-92

**Caution: Inspection Required**  
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.  
Local Plumbing Inspector Signature: [Signature] Date: 3/18/92

**PERMIT INFORMATION**

This Application is for:  
1.  NEW PLUMBING  
2.  RELOCATED PLUMBING

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

Plumbing To Be Installed By:  
1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D. HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER  
LICENSE # 105920

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook-Ups & Relocations		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee				Fixtures (Subtotal) Column 2
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>				
				Total Fixtures
				Fixture Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

TOWN COPY



**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: Portland, ME

Street Subdivision Lot #: 22 BRAMHALL Pharmacy

**PROPERTY OWNERS NAME**

MAINE MEDICAL CENTER

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: Dominic Farietta, Jr

Mailing Address of Owner/Applicant (if Different): 1 KNOLL RD YARMOUTH ME

PORTLAND 4247 TOWN COPY

Permit Fee: 67.15 \$ 1.16 Double Fee Charged

L.P.I.# 01241

Chief Plumbing Inspector: \_\_\_\_\_

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Dominic Farietta, Jr Date: 7-3-91

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Local Plumbing Inspector: Lowell Date Approved: 3-20-92

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>HOSPITAL</u>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>05990</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b>		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal syc.am.	<u>2</u>	Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspldor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			<u>2</u>	Fixtures (Subtotal) Column 2
			<u>2</u>	Total Fixtures
			\$ <u>6.00</u>	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>6.00</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

924049

Permit # 924049 City of Portland BUILDING PERMIT APPLICATION Fee \$100 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center Phone # 871-2447  
Address: 22 Bramhall St; Ptld, ME 04102  
LOCATION OF CONSTRUCTION 22 Bramhall St - 1st floor  
Contractor: Murray Const. Sub: 799-8136 (Adminis. Dept)  
Address: Box 2222X -- So Ptld, ME 04106  
Est. Construction Cost: 2530 16,300 Proposed Use: hosp w intr renov  
Past Use: hosp  
# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion Interior renovations - walls

**For Official Use Only**  
Date: 8/18/92 Subdivision: \_\_\_\_\_ Name: 26157  
Inside Fly: Limits \_\_\_\_\_ L# \_\_\_\_\_  
Blg Code \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
Time Limit \_\_\_\_\_ Estimated Cost: 16,300  
Zoning: P6  
Street Frontage Provided: \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_  
Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other: WDA 8-20-92

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

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

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

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

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

**Roof:**  
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action: Approved  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_  
Date: 8/18/92  
Signature: [Signature]

**Chimneys:**  
Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
**Heating:**  
Type of Heat: \_\_\_\_\_

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

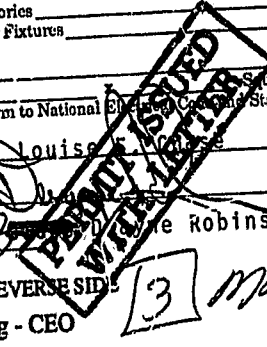
**Plumbings:**  
1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
2. No. of Tubs or Showers \_\_\_\_\_  
3. No. of Flushes \_\_\_\_\_  
4. No. of Lavatories \_\_\_\_\_  
5. No. of Other Fixtures \_\_\_\_\_

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

Permit Received By: Louise Robinson Date: 8/18/92  
Signature of Applicant: [Signature]  
CEO's District: Robinson

CONTINUED TO REVERSE SIDE 3 Mrs. Lou  
Ivory Tag - CEO

White - Tax Assessor



Permit # **924077** City of Portland BUILDING PERMIT APPLICATION Fee \$10 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center Phone # \_\_\_\_\_  
 Address: 22 Bramhall St- Ptld, ME 04102  
 LOCATION OF CONSTRUCTION 22 Bramhall St.  
 Contractor: Les Wilson & Sns Sub: 854-4583  
 Address: Box 1028; Westbrook, ME Phone # 04098  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: hosp w/o tank  
 Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion Remove one oil tank - u/g

**For Official Use Only**  
 Date 8/27/92 Subdivision \_\_\_\_\_ Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Ow. ship: City Public \_\_\_\_\_ Private \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
 Zoning: Street Frontage Provided: \_\_\_\_\_  
 Provided S. backs: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: WDA - 78-27-92 (Explain)

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

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

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

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

**Ceiling:**  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_  
**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
**Chimneys:**  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
**Heating:**  
 Type of Heat: \_\_\_\_\_  
**Electrical:**  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_  
**Plumbing:**  
 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_  
**Swimming Pools:**  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase  
 Signature of Applicant [Signature] Date 8/27/92  
 CEO's District 3  
**PERMIT ISSUED WITH REQUIREMENTS**  
**PERMIT ISSUED WITH REQUIREMENTS**  
 CONTINUED TO REVERSE SIDE: [Signature]  
 Ivory Tag - CEO

White - Tax Assessor

924077

Permit #            City of Portland BUILDING PERMIT APPLICATION Fee \$10 Zone            Man #            Lot#             
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center Phone #             
 Address: 22 Bramhall St - Ptld, ME 04102  
 LOCATION OF CONSTRUCTION 22 Bramhall St.  
 Contractor: Les Wilson & Sns Sub.: 8054-4583  
 Address: Box 1028; Westbrook, ME Phone # 04098  
 Est. Construction Cost:            Proposed Use: hosp w/o tank  
 Past Use:             
 # of Existing Res. Units            # of New Res. Units             
 Building Dimensions L            W            Total Sq. Ft.             
 Stories:            # Bedrooms            Lot Size:             
 Is Proposed Use: Seasonal            Condominium            Conversion             
 Explain Conversion Remove one oil tank - u/o

**For Official Use Only**  
 Date 8/27/92 Subdivision:             
 Inside Fire Limits:            Name: AUG 31, 1992  
 Edge Code:            Lot:             
 Time Limit:            Ownership: CITY OF PORTLAND  
 Estimated Cost:           

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

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

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

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

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

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

**Roof:**  
 1. Truss or Rafter Size            Span             
 2. Sheathing Type            Size             
 3. Roof Covering Type           

**Chimneys:**  
 Type:            Number of Fire Places           

**Heating:**  
 Type of Heat:           

**Electrical:**  
 Service Entrance Size:            Smoke Detector Required Yes            No           

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

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

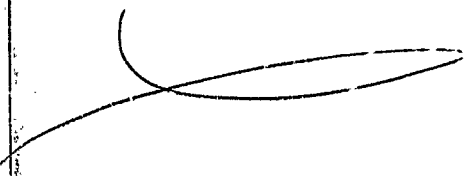
Permit Received By Louise E. Chase  
 Name of Applicant Ron Wilson Date 8/27/92  
 City of Portland  
 City Engineer's District 3  
 PERMIT ISSUED WITH REQUIREMENTS

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO 13

White - Tax Assessor

**PLOT PLAN**

9/2. Nothing yet.  
9/11 - "  
9/17 - OK



FEES (Breakdown From Front)		Inspection Record	
	Type	Date	
Base Fee \$ <u>10</u>	_____	____/____/____	____/____/____
Subdivision Fee \$ _____	_____	____/____/____	____/____/____
Site Plan Review Fee \$ _____	_____	____/____/____	____/____/____
Other Fees \$ _____	_____	____/____/____	____/____/____
(Explain) _____	_____	____/____/____	____/____/____
Late Fee \$ _____	_____	____/____/____	____/____/____

**COMMENTS**

**CERTIFICATION**

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

*[Signature]*  
SIGNATURE OF APPLICANT

ADDRESS

*8544583*  
PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

BUILDING PERMIT REPORT

DATE: 8-28-92  
ADDRESS: 22 Bromhall St  
REASON FOR PERMIT: Underground Tank Removal Installation  
1 - 2000 Gallon Diesel Tank  
BUILDING OWNER: Marie Medical Center  
CONTRACTOR: Les Wilson & Son  
PERMIT APPLICANT: Ron Wilson  
APPROVED: Yes DENIED  
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.

RECEIVED

AUG 27 1992

Maine Departmental of Environmental Protection  
Bureau of Oil & Hazardous Materials Control  
State House Station #17, Augusta, Maine 04333 DEPT OF BUILDING & CONSTRUCTION  
Telephone: 207-289-2651 CITY OF PORTLAND  
Attn: Tank Removal Notice

copy

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

Name of Facility Owner: MAINE Medical Center  
Mailing Address: 22 Bramhall St Telephone No: 871 0111  
City: Portland State: Me Zip Code: 04102  
Contact Person (name, address & telephone no.): CAROL SAUNDERS

Name of Facility: JAMU AS Above Registration No.: 12076  
Facility Location: \_\_\_\_\_

1. Identify the tanks at this location which are to be removed:

	Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A.	4	16	2000	Diesel
B.				
C.				
D.				

2. Directions to Facility (be specific):

MAINE Med. Center

3. 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: ICF Wilson Jones 854 4553

Certified Tank Installer Certification Number & Name (if applicable):  
N/A

Professional Firefighter Yes \_\_\_ No  (Affiliation: \_\_\_\_\_)

5. Expected date of removal: 8/23/92

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 8/23/92

Ronald Wilson Rep  
Signature of Tank Owner or Operator

Ronald Wilson Rep  
Printed Name and Title

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 of Portland BUILDING PERMIT APPLICATION Fee 195.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

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

Owner: Maine Medical Center Phone # 871-2447  
 Address: 22 Bramhall St. Ptld, ME 04102 Engineering Dept.  
 LOCATION OF CONSTRUCTION 22 Bramhall St.  
 Contractor: \_\_\_\_\_ Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: 35,000.00 Proposed Use: Hospital w/int renovations  
 Past Use: Hospital  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion Interior Renovations to Lab

**For Official Use Only**

Date June 9, 1992 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Name: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) WDA - 6-11-92

PERMIT ISSUED

JUN 30 1992

CITY OF PORTLAND

Foundations:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof:

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ **Approved**
3. Roof Covering Type \_\_\_\_\_ **Approved with Conditions**

Chimneys:

- Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_ Date: 6/9/92

Heating:

- Type of Heat: \_\_\_\_\_

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Permit Received By:

Signature: \_\_\_\_\_ Date: June 9, '92

Director Trodella

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

White - Tax Assessor

Ivory, Tag, CEO

3/11/92



924049 924049

Permit #            City of Portland BUILDING PERMIT APPLICATION Fee \$100 Zone            Map #            Lot #           

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

Owner: Maine Medical Center Phone # 871-2447  
 Address: 22 Bramhall St; Portland, ME 04102  
 LOCATION OF CONSTRUCTION 22 Bramhall St - 1st floor  
 Contractor: Murray Const. Sub: 799- (Admins. Dept)  
 Address: Box 28884 -- So Portland, ME 04105 Phone # 8136 04105  
 Est. Construction Cost: 2530 16,300 Proposed Use: hosp w intr renov  
 Past Use: hosp  
 # of Existing Res. Units            # of New Res. Units             
 Building Dimensions L            W            Total Sq. Ft.             
 # Stories:            # Bedrooms            Lot Size:             
 Is Proposed Use: Seasonal            Condominium            Conversion             
 Explain Conversion Interior renovations - walls

**For Official Use Only** **PERMIT ISSUED**  
 Date: 8/18/97 Sub-Division             
 Name                        
 Inside Fire Limits                        
 Risk Code            Owner             
 Time Limit             
 Estimated Cost 16,300  
**CITY OF PORTLAND**

Zoning: D1a  
 Street Frontage Provided:             
 Provided Setbacks: Front            Back            Side            Side             
 Review Required:  
 Zoning Board Approval: Yes            No            Date:             
 Planning Board Approval: Yes            No            Date:             
 Conditional Use:            Variance            Site Plan            Subdivision             
 Shoreland Zoning Yes            No            Floodplain Yes            No             
 Special Exception             
 Other WDA (Explain)           

**Foundation:**

- Type of Soil:
- Set Backs - Front            Rear            Side(s)
- Footings Size:
- Foundation Size:
- Other

**Floor:**

- Sills Size:            Sills must be anchored.
- Girder Size:
- Lally Column Spacing:            Size:
- Joists Size:            Spacing 16" O.C.
- Bridging 1" pc:            Size:
- Floor Sheathing Type:            Size:
- Other Material:

**Exterior Walls:**

- Studding Size            Spacing
- No. windows
- No. Doors
- Header Sizes            Span(s)
- Bracing: Yes            No
- Corner Posts Size
- Insulation Type            Size
- Sheathing Type            Size
- Siding Type            Weather Exposure
- Masonry Materials
- Metal Materials

**Interior Walls:**

- Studding Size            Spacing
- Header Sizes            Span(s)
- Wall Covering Type
- Fire Wall if required
- Other Materials

White - Tax Assessor

**Ceiling:**

- Ceiling Joists Size:
- Ceiling Strapping Size            Spacing            Not in District nor landmark
- Type Ceiling:            Does not require review.
- Insulation Type            Size            requires review.
- Ceiling Height:

**Roof:**

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

**Chimneys:**

- Type:            Number of Fire Places            Date:

**Heating:**

- Type of Heat:

**Electrical:**

- Service Entrance Size:            Smoke Detector Required Yes            No

**Plumbing:**

- Approval of soil test if required Yes            No
- No. of Tubs or Showers
- No. of Flushes
- No. of Lavatories
- No. of Other Fixtures

**Swimming Pools:**

- Type:
- Pool Size:            Square Footage
- Must conform to National Electrical Code and State Law

Permit Received By Louise E. Chase

Signature of Applicant           

CEO's District           

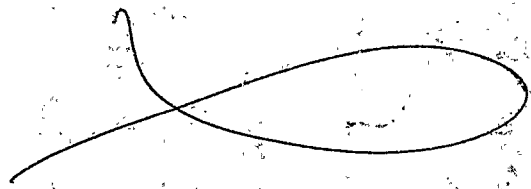
CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

**PERMIT ISSUED**  
**WILL LET US**  
 13 MAS. L. 1111

**PLOT PLAN**

8/28 - Nothing yet.  
9/21 - Walls framed and partially up OK  
10/10 - Completed OK per plan



**FEES (Breakdown From Front)**  
Base Fee \$ 100 -  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

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

**COMMENTS**

**CERTIFICATION**

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

*[Handwritten Signature]*

SIGNATURE OF APPLICANT

ADDRESS

799-8136

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

August 26, 1992

Murray Construction  
Box 2530  
So. Portland, ME 04106

Re: 22 Bramhall St  
1st fl - Admin Dept

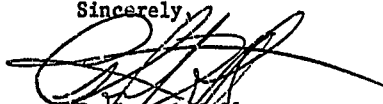
Dear Sir,

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

1. Sprinkler system distribution shall be altered to provide necessary protection to newly created areas.
2. 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.
3. Exit signage and emergency lighting shall be provided in accordance with Section 5-9 and 5-10.
4. 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 hesitate to contact this office.

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

cc: LT W. Garroway, Fire Prevention Bureau



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date September 15, 1992, 19  
 Receipt and Permit number 9171

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:  
 (The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of  
 Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall St  
 OWNER'S NAME: MMC ADDRESS: \_\_\_\_\_

OUTLETS:	FEE
Receptacles <u>23</u> Switches _____ Plugmold _____ ft. of P.A.L. _____	4.60
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>21</u> (not strip) TOTAL _____	4.20
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u> _____	4.00
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amp _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	DOUBLE FEE DUE
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	DOUBLE FEE DUE
TOTAL AMOUNT DUE:	<u>15.00</u>

INSPECTION: Will be ready on Ready now, 1992; or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: Fay Electric Co.  
 ADDRESS: 140 Thadeus St So. Portland  
 TEL.: 799-0350  
 MASTER LICENSE NO.: 9171 SIGNATURE OF CONTRACTOR: Don O. Mailman  
 LIMITED LICENSE NO.: \_\_\_\_\_

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

*medical records  
 2nd floor old  
 main general  
 bldg. or  
 ask sign  
 unit*

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: Portland  
 Street/ Subdivision Lot #: 22 BRAMHALL ST.  
**PROPERTY OWNERS NAME**  
MAINE MEDICAL CENTER  
 Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Applicant Name: Dominic FAICHA, Jr.  
 Mailing Address of Owner/Applicant (If Different): 1 KNOX RD YARMOUTH, ME

PORTLAND 4484 TOWN COPY  
 Date Issued: 105.14.92 \$ 1.61 FEE Charged  
[Signature] C.P.I. # 011241  
 Local Plumbing Inspector Signature  
 Chief Plumbing Inspector

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature] 5492  
 Signature of Owner/Applicant Date

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] 9-24-92  
 Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>HOSPITAL (PIA)</u>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>105990</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the Local Sanitary District.		Hosebibb / Sillcock		Bathub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: in existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Bidet		Laundry Tub
		Other: <u>Floor sink</u>		Water Heater
Hook Up & Relocation Fee		Fixture (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Total Fixtures
				1
			\$ 6.	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 6.	Permit Fee (Total)
			\$	

924299

Permit # \_\_\_\_\_ 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.

Owner: Maine Medical Center Phone # \_\_\_\_\_

Address: 222 Bramhall St - Portland, ME

LOCATION OF CONSTRUCTION 22 Bramhall St

Contractor: Sprinklers Systems Inc.

Address: P.O. Box 1285 Lewiston, ME 04243-1285 Phone # 782-0104

Est. Construction Cost: 980. Proposed Use: Hospital w/sprinkler system

Past Use: Hospital

# of Existing Rea. Units \_\_\_\_\_ # of New Rea. Units \_\_\_\_\_

Build'g dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Siz. \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion Install sprinkler system - Pathology Dept.

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

White - Tax Assessor

For Official Use Only

Date Nov 2, 1992 Subdivision \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name NOV - 5 1992  
 Bldg. Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Ownership CITY OF PORTLAND  
 Estimated Cost \_\_\_\_\_

PERMIT ISSUED

Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Required: \_\_\_\_\_  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) W.D.N. - 11-3-92

Ceiling:

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

Roof:

- 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
- 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
- 3. Roof Covering Type \_\_\_\_\_

Chimneys:

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

Heating:

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

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Permit Received By Mary Gresik

Signature of Applicant Michael Lahey Date Nov 2, 1992

CEO's District 3 Mike Lahey

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO [3] MRS LOW 1.

Permit # **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.

Owner: Maine Medical Center Phone # \_\_\_\_\_  
 Address: 222 Bramhall St - Portland, ME  
 LOCATION OF CONSTRUCTION 22 Bramhall St  
 Contractor: Sprinklers Systems Inc.  
 Address: P.O. Box 1285 Lewiston, ME Phone # 04243-1285 782-0104  
 Est. Construction Cost: 980. Proposed Use: Hospital w/sprinkler system  
 Past Use: Hospital  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion Install sprinkler system - Pathology Dept.

**For Official Use Only**  
 Date Nov 2, 1992 Name NOV - 5 1992  
 Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ City \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) 11-3-92

**PERMIT ISSUED**  
**CITY OF PORTLAND**

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

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

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

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

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

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 Chimneys: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
 Heating: \_\_\_\_\_ Type of Heat \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_  
 Plumbing: \_\_\_\_\_  
 1. Approval of soil test if required \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

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

Permit Received By Mary Gresik  
 Signature of Applicant Michael Lahey Date Nov. 2, 1992  
 CEO's District 3 Mike Lahey

White - Tax Assessor

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO 13 MRS LOWE





BUILDING PERMIT REPORT.

DATE 11/4/93  
ADDRESS 22 Bromhall St.  
REASON FOR PERMIT Install Sprinkler System  
BUILDING OWNER m m c  
CONTRACTOR Sprinkler System Inc.  
PERMIT APPLICANT Mike Kahry  
APPROVED  DENIED

CONDITIONS OF APPROVAL OR DENIAL:

- 1.) Must be approved by State Fire Marshall

923863

Permit # 923863 City of Portland BUILDING PERMIT APPLICATION Fee 175.00 Zone          Map #          Lot #         

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

Owner: Maine Medical Center Phone # 871-2447  
Address: 22 Bramhall St. Ptd, ME 04102 Engineering Dept.

LOCATION OF CONSTRUCTION 22 Bramhall St.

Contractor:          Sub:           
Address:          Phone #         

Est. Construction Cost: 35,000.00 Proposed Use: Hospital w/int renovation  
Past Use: Hospital

# of Existing Res. Units          # of New Res. Units           
Building Dimensions L          W          Total Sq. Ft.           
# Stories:          # Bedrooms          Lot Size:         

Is Proposed Use: Seasonal          Condominium          Conversion           
Explain Conversion Interior Renovations to Lab

For Official Use Only  
Date: June 9, 1992  
Inside Fire Limits           
Bldg Code           
Time Limit           
Estimated Cost         

PERMIT ISSUED  
JUN 30 1992  
CITY OF PORTLAND

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Zoning:           
Street Frontage Provided:           
Provided Setbacks: Front          Back          Side          Side           
Review Required:  
Zoning Board Approval: Yes          No          Date:           
Planning Board Approval: Yes          No          Date:           
Conditional Use:          Variance          Site Plan          Subdivision           
Shoreland Zoning Yes          No          Floodplain Yes          No           
Special Exception           
Other (Explain) WDA 6-11-92

Ceiling:

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

Roof:

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

Chimneys:

Type:          Number of Fire Places         

Heating:

Type of Heat:         

Electrical:

Service Entrance Size:          Smoke Detector Required Yes          No         

Plumbing:

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

Swimming Pools:

- 1. Type:
- 2. Pool Size:
- 3. Pool conforms to National Electrical Code and State Code

Permit Receiver:

Name of Applicant: Nary Gresik  
Victor Trodella Date: June 9, 1992  
City District: 3  
Victor Trodella

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

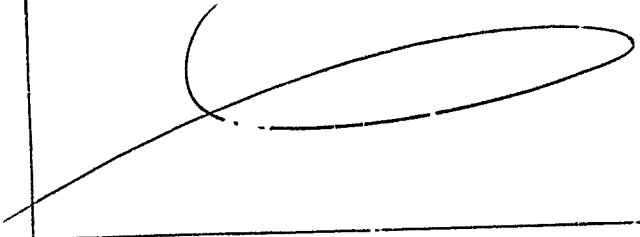
CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

**PLOT PLAN**

8/6 - No work yet.  
11/18 - Phase I - completed OK  
12/30 - Path office OK  
2/2 - Completed OK



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

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

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

Victor Tora  
SIGNATURE OF APPLICANT  
Victor Tordella, Architect  
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.  
871-2447  
PHONE NO.

ADDRESS



Inspection Services  
Samuel P. Hoffses  
Chief

Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

June 30, 1992

Maine Medical Center  
22 Bramhall Street  
Portland, ME 04102

RE: 22 Bramhall Street (Lab)

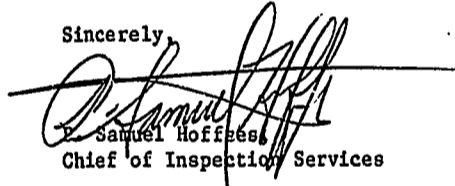
Dear Sir:

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 (1) and (2).
2. Sprinkler protection shall be reviewed by the State Fire Marshal's Office.

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

Sincerely,

  
Samuel Hoffses  
Chief of Inspection Services

/jcf

cc: Lt. Wallace Garroway, Fire Prevention Bureau

934493

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$100 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Maine Medical Center Phone #871-2447  
 Address: 22 Bramhall St- Ptd, ME 04102  
 LOCATION OF CONSTRUCTION 22 Bramhall St - basement, 3rd fl  
 Contract: Murray Const. Sub: -( emerg room  
 Address: Box 2530- Ptd, ME 04116 Phone # 799-8136 & PC, D  
 Est. Construction Cost: 16,000 Proposed Use: hosp w int renov  
 Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion Interior renovations - Emergency Room

**For Official Use Only**  
 Subdivision: \_\_\_\_\_ Name: JAN 22 1993  
 Lot: \_\_\_\_\_  
 Ownership: \_\_\_\_\_  
 Date: 1/15/93  
 Inside Fire Limits: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: 16,000

Zoning: Street Frontage Provided: \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: (Explain) 1-19-93

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

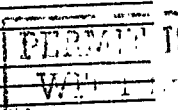
Floor: \_\_\_\_\_ Sills must be anchored.  
 1. Sills Size: \_\_\_\_\_  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_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

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

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

Roofing: \_\_\_\_\_  
 1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_  
 Roof: \_\_\_\_\_ Span Action: \_\_\_\_\_  
 1. Truss or Rafters Size \_\_\_\_\_ Size \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_ Date: \_\_\_\_\_  
 Chimneys: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
 Heating: \_\_\_\_\_ Type of Heat: \_\_\_\_\_  
 Electrical: \_\_\_\_\_ Service Entrance Size: \_\_\_\_\_ Smoke Detector Required \_\_\_\_\_  
 Plumbing: \_\_\_\_\_  
 1. Approval of soil test if required \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_  
 Swimming Pools: \_\_\_\_\_  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase  
 Signature of Applicant Thomas Herbert Date 1-15-93  
 CEO's District \_\_\_\_\_



CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO

[B] Kathy Lowe - White - Tax Assessor

934490

Permit # 934490 City of Portland BUILDING PERMIT APPLICATION Fee \$95 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

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

Owner: Maine Medical Center Phone # 871-2447  
Address: 22 Bramhall St- Ptd, ME 04102  
LOCATION OF CONSTRUCTION 22 Bramhall St- ground floor  
Contractor: Murray Construction Sub: 799-8136 (mail dept)  
Address: Box 2530-So Ptd, ME Phone # 04116

**For Official Use Only**  
Date 1/15/93  
Inside Fire Limits \_\_\_\_\_  
Bldg Code \_\_\_\_\_  
Time Limit \_\_\_\_\_  
Estimated Cost 15,000  
Subdivision: \_\_\_\_\_  
Name: \_\_\_\_\_  
Loc: \_\_\_\_\_  
Ownership: \_\_\_\_\_  
Public \_\_\_\_\_  
Private \_\_\_\_\_

Est. Construction Cost: 15,000 Proposed Use: interior renovation  
Past Use: hosp mail room -  
# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion Interior renovations - mail room

Zoning: \_\_\_\_\_  
Street Frontage Provided: \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_  
Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other WDP-71-19-93 (Explain)

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

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

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

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

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

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

**Chimneys:**  
Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
Date: 1/15/93  
Signature: \_\_\_\_\_

**Heating:**  
Type of Heat: \_\_\_\_\_  
Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

Permit Received By Louise E. Chase

Signature of Applicant Thomas A. Herbert Date 1.15.93  
Thomas Herbert

CEO's District \_\_\_\_\_  
CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO

3 Kathy Lowe White - Tax Assessor

934516

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$70 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Medical Center Phone # \_\_\_\_\_  
Address: 22 Bramhall St. - Ptld, ME 04102  
LOCATION OF CONSTRUCTION 22 Bramhall St. - 6th floor  
Contractor: Ledgewood Inc Sub: 767-1866  
Address: Box 8107- Ptld, ME 04104 Phone # \_\_\_\_\_  
Est. Construction Cost: 10,000 Proposed Use: interior renovations - P-6  
Past Use: \_\_\_\_\_  
# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion Interior renovations - P6

**For Official Use Only**  
Date 1/22/93 Subdivision: \_\_\_\_\_  
Inside Fire Limits \_\_\_\_\_ Name: JAN 27 1993  
Bldg Code \_\_\_\_\_ Lot: \_\_\_\_\_  
Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_  
Estimated Cost: 10,000  
Zoning: \_\_\_\_\_  
Street Frontage Provided: \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other (Explain) WDA 1-25-93

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

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

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

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

White - Tax Assessor

**Ceiling:**  
1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_  
**Roof:**  
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_  
**Chimneys:**  
Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
**Heating:**  
Type of Heat: \_\_\_\_\_  
**Electrical:**  
Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_  
**Plumbing:**  
1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
2. No. of Tubs or Showers \_\_\_\_\_  
3. No. of Flushes \_\_\_\_\_  
4. No. of Lavatories \_\_\_\_\_  
5. No. of Other Fixtures \_\_\_\_\_  
**Swimming Pools:**  
1. Type: \_\_\_\_\_  
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
3. Must conform to National Electrical Code and State Law.

**HISTORIC PRESERVATION**  
Not in District or Landmark  
Does not require review.  
Requires Review

Permit Received By Louise E. Chase  
Signature of Applicant [Signature] Date 1.22.93  
CEO's District William Bridges

CONTINUED TO REVERSE SIDE [3] MAS. LOU  
Ivory Tag - CEO

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 269-3826

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND ME

Street Subdivision Lot #: 32 BRAD HILL

**PROPERTY OWNERS NAME**

MAINE MEDICAL CENTER

Last: EMERSON First: DOMINIC L. FAIETTA JR

Applicant Name: DOMINIC L. FAIETTA JR

Mailing Address of Owner/Applicant (if Different): 1 KIMMEL RD VASSMOUTH ME 04096

PORTLAND 4691 TOWN COPY

Date: 12-15-93 \$ 1.16 FEE Charged

[Signature] L.P.I. # 01124

Local Plumbing Inspector Signature  
Chief Plumbing Inspector

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature] Date: 12-15-93

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] Date Approved: 1-6-95

**PERMIT INFORMATION**

This Application is for:

1.  NEW PLUMBING  
2.  RELOCATED PLUMBING

Type Of Structure To Be Served:

1.  SINGLE FAMILY DWELLING  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER - SPECIFY HOSPITAL

Plumbing To Be Installed By:

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

LICENSE # 015880

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

TOWN COPY

6.00 \$  
6.00 \$



**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 269-3826

**PROPERTY ADDRESS:**

Town Or Plantation: PORTLAND, ME

Street Subdivision Lot #: 22 PRAMHALL ST.

**PROPERTY OWNERS NAME:**

MAINE MEDICAL CENTER

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: DOMINIC FAIETTA

Mailing Address of Owner/Applicant (if Different): 1 KNOLL RD YARMOUTH, ME 04096

PORTLAND 4578 TOWN COPY

DATE: 3-29-93

LOCAL PLUMBING INSPECTOR SIGNATURE: [Signature]

CHIEF: \_\_\_\_\_

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature] Date: 3-24-93

**Caution: Inspection Required**

I have completed the installation authorized above and found it to conform with the Maine Plumbing Rules.

[Signature] Date Approved: 3-29-93

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>125, 2741</u>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>05990</u>

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1	6
Total Fixtures	7	Hook-Up & Relocation Fee	
Permit Fee (Total)	\$ 6.00		

TOWN COPY

053-D-007 **930466**

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee 810.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_

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

**PERMIT ISSUED**

Owner: Maine Medical Center Phone # 871-0111  
 Address: 22 Bramhall Street  
 LOCATION OF CONSTRUCTION 22 Bramhall St.  
 Contractor: F.H. Chase Inc. Sub.: \_\_\_\_\_  
 Address: 69 Elm St. Foxboro, Ma Phone # 617-237-2000  
 Est. Construction Cost: 158,000 Proposed Use: Hospital  
 Past Use: same  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion Interior renovations per plans

**For Official Use Only**  
 Date: May 28, 1993  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost: 158,000  
 Subdivision: JUN 3 1993  
 Name: \_\_\_\_\_  
 Ownership: CITY OF PORTLAND  
 Private \_\_\_\_\_

Zoning: \_\_\_\_\_  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) WDA-7-6-1-93

**Foundations:**

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

**Floor:**

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

**Exterior Walls:**

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

**Interior Walls:**

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

**Ceiling:**

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

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_

**Chimneys:**

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

**Heating:**

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

**Electrical:**

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

**Plumbing:**

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

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

**PERMIT ISSUED WITH LETTER**

**PERMIT ISSUED WITH LETTER**

Permit Received By \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: 5/28/93

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

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

White-Tax Assesor

Yellow-GPCOG

White Tag -CEO

Copyright GPCOG-1988

31 MRS. ROWE



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date April 9, 19 93  
 Receipt and Permit number 6575

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 22 Bramhall St. *Rm 622 Unit manager's office*  
 OWNER'S NAME: Maine Medical Center ADDRESS: 22 Bramhall St.

FEES

<b>CUTLETS:</b>	Receptacles _____	Switches _____	Plugmold _____ ft.	TOTAL _____	_____
<b>FIXTURES: (number of)</b>	Incandescent _____	Flourescent _____	(not strip) TOTAL _____	_____	_____
	Strip Flourescent _____ ft.	_____	_____	_____	_____
<b>SERVICES:</b>	Overhead _____	Underground _____	Temporary _____	TOTAL amperes _____	_____
<b>METERS: (number of)</b>	_____	_____	_____	_____	_____
<b>MOTORS: (number of)</b>	Fractional _____	_____	_____	_____	_____
	1 HP or over _____	_____	_____	_____	_____
<b>RESIDENTIAL HEATING:</b>	Oil or Gas (number of units) _____	_____	_____	_____	_____
	Electric (number of rooms) _____	_____	_____	_____	_____
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	Oil or Gas (by a main boiler) _____	_____	_____	_____	_____
	Oil or Gas (by separate units) _____	_____	_____	_____	_____
	Electric Under 20 kws _____	Over 20 kws _____	_____	_____	_____
<b>APPLIANCES: (number of)</b>	Ranges _____	Water Heaters _____	_____	_____	_____
	Cook Tops _____	Disposals _____	_____	_____	_____
	Wall Ovens _____	Dishwashers _____	_____	_____	_____
	Dryers _____	Compactors _____	_____	_____	_____
	Fans _____	Others (denote) _____	_____	_____	_____
	TOTAL _____	_____	_____	_____	_____
<b>MISCELLANEOUS: (number of)</b>	Branch Panels _____	_____	_____	_____	_____
	Transformers _____	_____	_____	_____	_____
	Air Conditioners Central Unit <input checked="" type="checkbox"/>	_____	_____	_____	10.00
	Separate Units (windows) _____	_____	_____	_____	_____
	Signs 20 sq. ft. and under _____	_____	_____	_____	_____
	Over 20 sq. ft. _____	_____	_____	_____	_____
	Swimming Pools Above Ground _____	_____	_____	_____	_____
	In Ground _____	_____	_____	_____	_____
	Fire/Burglar Alarms Residential _____	_____	_____	_____	_____
	Commercial _____	_____	_____	_____	_____
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	_____	_____	_____	_____
	over 30 amps _____	_____	_____	_____	_____
	Chicus, Fairs, etc. _____	_____	_____	_____	_____
	Alterations to wires _____	_____	_____	_____	_____
	Repairs after fire _____	_____	_____	_____	_____
	Emergency Lights, battery _____	_____	_____	_____	_____
	Emergency Generators _____	_____	_____	_____	_____
	INSTALLATION FEE DUE:	_____	_____	_____	10.00
	FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	_____	_____	_____	_____
	FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....	_____	_____	_____	_____
	TOTAL AMOUNT DUE: MIN	_____	_____	_____	15.00

**INSPECTION:**  
 Will be ready on \_\_\_\_\_, 19\_\_; or Will Call  \_\_\_\_\_  
**CONTRACTOR'S NAME:** Christopher Wing  
**ADDRESS:** 58 Sunset Ave. So. Portland, ME 04106  
**TEL.:** 871-0343  
**MASTER LICENSE NO.:** 16575 **SIGNATURE OF CONTRACTOR:** *Christopher P. Wing*  
**LIMITED LICENSE NO.:** \_\_\_\_\_

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



# APPLICATION FOR SUBMETER



For Sewer User Charge Adjustments

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

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

## To be Completed by Applicant

Address where sub-meter is requested 22 BRAMHALL, PORTLAND ME.

Property owner name MAINE MEDICAL CTR.

Tax Map Reference (on Real Estate Tax Bill) 54 H

Property owner address 22 BRAMHALL, PORTLAND, ME.

Person to be contacted to schedule inspections PHIL ST. JACQUES 871-2988  
(Name and Telephone Number)

(PRIOR TO 6/15/90 PWD LETTER) (AFTER 6/15/90 PWD LETTER)

Portland Water District Account # (on-bill) P-91 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" Ø HERSEY SPAULDINGS.

Proposed location and size of sub-meter 1/2" REPLACEMENT WITH APPROVED  
MAINE GEN'L. BLDG.

METER AND WATS #9 CHECK IN BOILER ROOM (#S-711)

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

Description of proposed changes in plumbing required for submetering:

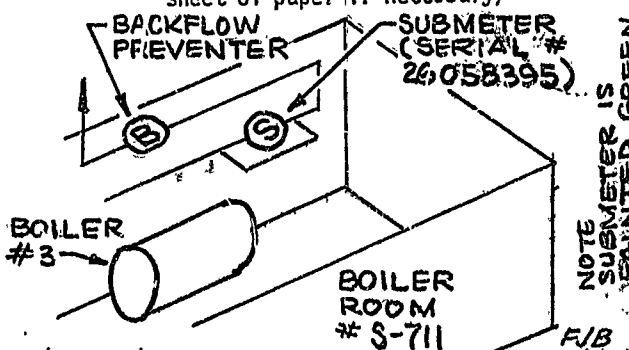
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

RICHARDS WING  
COOLING TOWER.

\_\_\_\_\_  
\_\_\_\_\_

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



I certify the above information is true and correct:

Philip Saint Jacques  
Signature

4/10/80  
Date

# APPLICATION

## INSTRUCTIONS

- First - The applicant is to complete front of this form. The Tax Map Reference can be found on your Real Estate Tax Bill directly following owners name and address in the center of your Property Tax Bill. Billing name and address should be copied from your Water & Sewer Bill as well as the Portland Water District Account Number which is in the lower left corner of the Water and Sewer Bill.
- Second - Mail completed application form to:  
 City of Portland  
 Dept. of Public Works  
 424 City Hall  
 Portland, Maine 04101  
 ATTN: MR. WILLIAM GOODWIN
- Third - The Public Works Department will call the person indicated on front side to schedule pre-installation inspection. During this inspection the Public Works section of this form (below) will be completed. Following this inspection Public Works will make copies of the application form. If the application is approved 3 copies will be made, one will be mailed to the Portland Water District. The remaining two will be forwarded to the City Plumbing Inspector and one will be mailed back to the Applicant. If the application is denied, one copy will be made and mailed to the applicant showing reason for denial.
- Fourth - Upon receipt of a copy of the approved application, the applicant can purchase and install the sub-meter as approved. Following installation the applicant or his plumber must call the Chief Plumbing Inspector at 773-5481 Ext. 234 for an inspection of the completed installation. Following inspection by the Chief Plumbing Inspector, the Water District will be requested to seal the sub-meter and arrange to have an automatic reading system (if applicable - See General Information) instituted where by the volume shown by the submeter will be credited on the Sewer User Charge of the Bill.

## GENERAL INFORMATION

Section 322.66 of the "Municipal Code of the City of Portland, Maine" reads as follows:

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

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

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

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

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

## TO BE COMPLETED BY PUBLIC WORKS

Pre-installation inspection by William B. Goodwin  
 on March 26, 1980

Automatic reading system requested  YES  NO Reporting Cards  
 A Watts No 9 Back Flow Preventer or equal shall be Required  
 installed in line

Application  Approved  Denied  
 Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## TO BE COMPLETED BY THE PLUMBING INSPECTOR

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

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

The installation is  approved  dis-approved

## TO BE COMPLETED BY THE WATER DISTRICT

gallons

Date submeter sold 4-17-80  
 Submeter account number P-91-2350  
 Submeter make and number Housey - 5415328 1100  
 Submeter installation readings 06158500  
 Submeter account entered into computer \_\_\_\_\_  
 Submeter account entered into meter book 4-17-80  
 Special Instructions 1 1/2 T 26058395 ✓  
reading - 0 -

\*Existing Meter being replaced

# APPLICATION FOR SUBMETER



## For Sewer User Charge Adjustments

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

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

### To be Completed by Applicant

Address where sub-meter is requested 22 BRAMHALL, PORTLAND, ME.

Property owner name MAINE MED. CTR.

Tax Map Reference (on Real Estate Tax Bill) 54N

Property owner address 22 BRAMHALL

Person to be contacted to schedule inspections PHIL ST. JACQUES, 871-2988  
(Name and Telephone Number)

Portland Water District Acct. No. (on bill) P-91-608B P-(91)-608C-1  
(PWD A/C#, BEFORE 6/15/90 PWD LETTER) (PWD A/C# AFTER 6/15/90 PWD LETTER)

Billing Name & Address (on bill) MAINE MED. CTR.  
22 BRAMHALL, PORTLAND, ME.

Location and size existing Portland Water District Service Meter 1870 MAINE GENERAL BUILDING  
BASEMENT, FIVE METER BATTERY: #26091607 & 26091615 FOR LAUNDRY & SUBMETERS  
#26091612; 26091613 & 26091573 FOR HOUSE

Proposed location and size of sub-meter Boiler Room 1 1/2" Ø TRIDENT  
REPLACEMENT #26058377  
(C.A.F.T.) #23335020

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

Description of proposed changes in plumbing required for submetering:

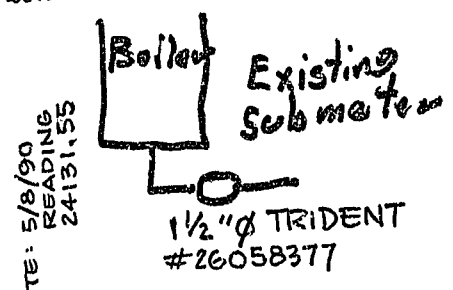
Existing Meter

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)

BOILER ROOM #S-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 up  
WATER



NOTE: 5/8/90 READING 24131.55

I certify the above information is true and correct:  
Philip Saint-Jacques  
Signature

4/10/80  
Date

ROOM #6636

INSTRUCTIONS

- First - The applicant is to complete front of this form. The Tax Map Reference can be found on your Real Estate Tax Bill directly following owners name and address in the center of your Property Tax Bill. Billing name and address should be copied from your Water & Sewer Bill as well as the Portland Water District Account Number which is in the lower left corner of the Water and Sewer Bill.
- Second - Fill completed application form to:  
City of Portland  
Dept. of Public Works  
434 City Hall  
Portland, Maine 04101  
ATTN: FR. MILLEW GOODWIN
- Third - The Public Works Department will call the person indicated on front side to schedule pre-installation inspection. During this inspection the Public Works section of this form (below) will be completed. Following this inspection Public Works will make copies of the application form. If the application is approved 3 copies will be made, one will be mailed to the Portland Water District, one will be forwarded to the City Plumbing Inspector and one will be mailed back to the Applicant. If the application is denied, one copy will be made and mailed to the applicant showing reason for denial.
- Fourth - Upon receipt of a copy of the approved application, the applicant can purchase and install the sub-meter as approved. Following installation the applicant or his plumber must call the Chief Plumbing Inspector at 775-5451 Ext. 224 for an inspection of the completed installation. Following inspection by the Chief Plumbing Inspector, the Water District will be requested to seal the sub-meter and arrange to have an automatic reading system (if applicable - See General Information Page 1) instituted where by the volume shown by the sub-meter will be credited in the Sewer User Charges of the Bill.

GENERAL INFORMATION

Section 22.00 of the "Municipal Code of the City of Portland, Maine" reads as follows:

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

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

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

- shall not exceed 2% accuracy test requirements and be accompanied by a certificate of test accuracy.
- the meters will have straight reading, cubic foot registers.
- the meters will have the meter number stamped into the main case.
- the meters shall be magnetic drive.
- shall have either a rotating disc or oscillating piston.
- shall have a bronze case.

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

TO BE COMPLETED BY PUBLIC WORKS

Pre-installation inspection by William B. Goodwin  
on April 14

Automatic reading system requested  YES  NO Reporting Cards Required  
 A Watts No 9 Back Flow Preventer or equal shall be installed in line

Application  Approved  Denied

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

TO BE COMPLETED BY THE PLUMBING INSPECTOR

An inspection of the completed installation of the submetering system approved on this application was conducted on 5/20/80 by Ernold R. Goodwin, Chief Plumbing Inspector of the City of Portland.

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

The installation is  approved  dis-approved

TO BE COMPLETED BY THE WATER DISTRICT

Date submeter sold 4-22-80  
 Submeter account number D-91-607C  
 Submeter make and number Rockwell #2385020  
 Submeter installation readings 10112.30 Cu Ft.  
 Submeter account entered into computer \_\_\_\_\_  
 Submeter account entered into meter book 4-22-80  
 Special Instructions 1" T 24680690 #26058377



# APPLICATION FOR SUBMETER



## For Sewer User Charge Adjustments

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

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

### To be Completed by Applicant

Address where sub-meter is requested 22 Bramhall St.

Property owner name MAINE MEDICAL CTR.

Tax Map Reference (on Real Estate Tax Bill) 54 H

Property owner address 22 Bramhall St.

Person to be contacted to schedule inspections \_\_\_\_\_  
(Name and Telephone Number)

Portland Water District Acct. No. (on bill) ~~P-9~~ P-9) 6070

Billing Name & Address (on bill) MAINE MED. CTR.

22 BRAMHALL PORTLAND, ME.  
"RADIATION THERAPY" OR NUCLEAR DIAGNOSTIC FACILITY  
Location and size existing Portland Water District Service Meter (N.D.F.) ~~6"~~  
(ROOM #)

3" MACHINE ROOM. 3" HERSEY SPINDINGS  
Proposed location and size of sub-meter REPLACEMENT WITH APPROVED

METER AND WATTS #9 CHECK

Will a remote reading register be utilized? NO  YES (If yes, state location)

NDF UTILITY CLOSET (ROOM #B-430)

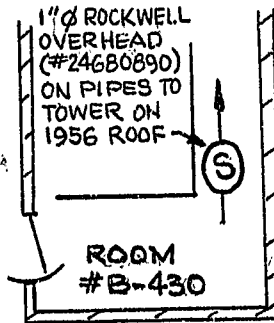
Description of proposed changes in plumbing required for submetering:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
COOLING TOWER

\_\_\_\_\_  
\_\_\_\_\_

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)



NOTE: 5/8/90  
READING  
9682.155

FJB  
6/25/90

I certify the above information is true and correct:

Philip Saint-Jacques  
Signature

9/10/80  
Date

**INSTRUCTIONS**

- First - The applicant is to complete front of this form. The Tax Map Reference can be found on your Real Estate Tax Bill directly following owners name and address in the center of your Property Tax Bill. Billing name and address should be copied from your Water & Sewer Bill as well as the Portland Water District Account Number which is in the lower left corner of the Water and Sewer Bill.
- Second - Fill completed application form to:  
 City of Portland  
 Dept. of Public Works  
 426 City Hall  
 Portland, Maine 04101  
 ATTN: MR. WILLIAM GOODWIN
- Third - The Public Works Department will call the person indicated on front side to complete pre-installation inspection. During this inspection the Public Works section of this form (1010) will be completed. Following this inspection Public Works will make copies of the application form. If the application is approved 3 copies will be made, one will be mailed to the Portland Water District, one will be forwarded to the City Plumbing Inspector and one will be mailed back to the Applicant. If the application is denied, one copy will be made and mailed to the applicant showing reason for denial.
- Fourth - Upon receipt of a copy of the approved application, the applicant can purchase and install the sub-meter as approved. Following installation the applicant or his plumber must call the Chief Plumbing Inspector at 775-5451 ext. 238 for an inspection of the completed installation. Following inspection by the Chief Plumbing Inspector, the Water District will be requested to read the sub-meter and arrange to have an automatic reading system (if applicable - See General Information) instituted where by the volume shown by the sub-meter will be credited on the Sewer User Charges of the Bill.

**GENERAL INFORMATION**

Section 322.FC of the "Municipal Code of the City of Portland, Maine" reads as follows:

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

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

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

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

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

**N.D.F. TO BE COMPLETED BY PUBLIC WORKS**  
 Cooling T.

Pre-installation inspection by William B. Goodwin  
 on March 26, 1980

Automatic reading system requested  YES  NO Reporting Cards Required  
 A Watts # 9 Back Flow Preventer or equal shall be installed in line.

Application  Approved  Denied

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

**TO BE COMPLETED BY THE PLUMBING INSPECTOR**

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

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

The installation is  approved  dis-approved

**TO BE COMPLETED BY THE WATER DISTRICT**

Gallons

Date submeter sold 4-17-80  
 Submeter account number P-91-607-C  
 Submeter make and number Hershey-5587065\*  
 Submeter installation readings 5556370\*  
 Submeter account entered into computer \_\_\_\_\_  
 Submeter account entered into meter book 4-17-80  
 Special Instructions \_\_\_\_\_

1" Ø ROCKWELL #24680890

\* Existing Meter being replaced

3 3/4

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

# FOR SUBMETER

FOR SEWER USER CHARGE ADJUSTMENTS

The undersigned hereby 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

Address where sub-meter is requested 22 Bramhall, Portland

Property owner's name MAINE MEDICAL CTR

Tax Map Reference (On Real Estate Tax Bill) 544

Property owner's address 22 Bramhall, Portland

Person to be contacted to schedule inspections GARY SAGE 871-2588  
(Name and Telephone Number)

Portland Water District Account No. (On bill) P-(G)607 BA

Billing Name & Address (On bill) MAINE MEDICAL CTR

Location and size existing Portland Water District Service Meter 1956 BUILDING PAVILION  
(ROOM #B-305) 4" Hansy Spaulding UPPER (#4215973)  
LOWER (#4206029)

Proposed location and size of sub-meter 3/4" ROOF of 1956 Building behind

the two cooking towers

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

Description of proposed charges in plumbing required for sub-metering: Replumbing

existing damaged submeter (RICKWELL #BB 94655 3/4")

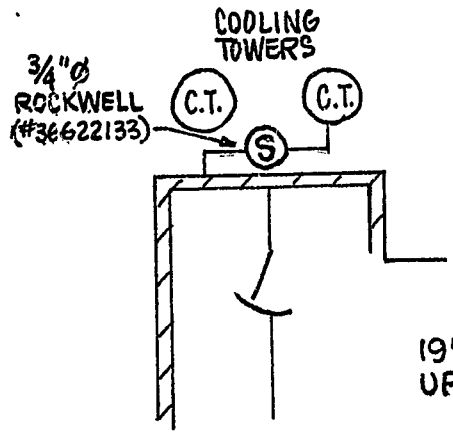
The volume of water to be submetered can be shown not to enter the sewerage system by virtue of its use for: cooking towers

I certify the above information is true and correct:

[Signature]  
Signature

4/22/86  
Date

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)



1956 PAVILLION  
UPPER ROOF PENTHOUSE

FJB  
6/25/90

TO BE COMPLETED BY PUBLIC WORKS

Pre-installation inspection by DE. Peterson  
on 4-22-86

Automatic reading system requested  YES  NO CARDS

A \_\_\_\_\_ Back Flow Preventer or equal shall be installed \_\_\_\_\_:

Application  Approved  Denied

Comments This application supersedes one dated  
4/10/86 for same location also includes one  
Dated Aug 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 5-2-86 by Ernoled R. Goodwin, Chief Plumbing Inspector of the City of Portland.

- The sub-metering system was installed as approved
- No cross connections were found

*Ernoled Goodwin* DWA

The installation is  approved  dis-approved

TO BE COMPLETED BY THE WATER DISTRICT

Date submeter sold 4/26/84  
Submeter account number 291-6071  
Submeter make and number 34 R-4 36622133  
Submeter installation readings -0-  
Submeter account entered into computer \_\_\_\_\_  
Submeter account entered into meter book \_\_\_\_\_  
Special instructions \_\_\_\_\_

# APPLICATION FOR SUBMETER



RECEIVED

A/C 85?  
PARKS/PUBLIC WORKS

For Sewer User Charge Adjustments

The undersigned hereby requests permission to install additional water meter(s) <sup>(5)</sup> 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 Bramhall St.

Property owner name MAINE MEDICAL CENTER

Tax Map Reference (on Real Estate Tax Bill) 54 H

Property owner address 22 Bramhall St

Person to be contacted to schedule inspections GARY SACCO 871-2988  
(Name and Telephone Number)

A/C #, SINCE 6/15/90 PWD LETTER P-(91)-608C-1  
A/C NOS. PRIOR TO 6/15/90 PWD LETTER (91-511A, 91-608B) (91-686B)

Portland Water District Acct. No. (on bill) (91-511A, 91-608B) (91-686B)

Billing Name & Address (on bill) SAME

SAME

Location and size existing Portland Water District Service Meter \_\_\_\_\_

Proposed location and size of sub-meter <sup>1</sup> BEAM Pump house (AT SERVICE ROAD)  
(ROOM #S-064)

<sup>2</sup> BEAM mechanical Room (Sub-basement) 1870 MAINE GEN'L. BLDG.

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

Description of proposed changes in plumbing required for submetering:

Change meter from a GPM. To A CU. FT. meter.

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

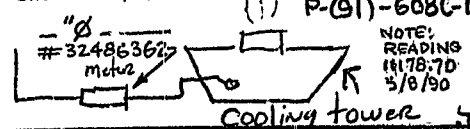
2 Closed SYSTEMS = COIL, WATER, CONSTANT heating hot water, AND VARIABLE Hot water

ENGINEERING SERVICE BLDG.

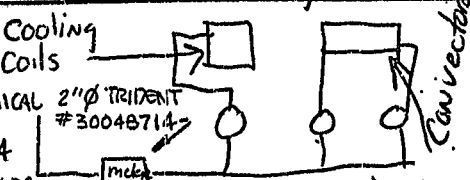
SERVICE ROAD

BEAM PUMP HOUSE AT THE SERVICE ROAD

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)



BEAM PUMP HOUSE AT THE SERVICE ROAD



BEAM MECHANICAL ROOM #S-064 MAINE GEN'L BLDG.

I certify the above information is true and correct:

Gary Sacco  
Signature

NOTE: READINGS 60460.65 5/8/90  
August 1, 1985  
DATE

P-(91)-686B  
FJB 6/23/90

**INSTRUCTIONS**

- First - The applicant is to complete form of this form. The fee no reference can be found on the form. State the street to the nearest name and address in the center of your property or bill. The name and address shall be copied from your water & sewer bill as well as the Portland water & sewer account number which is on the back of the water and sewer bill.
- Second - Mail completed application form to:  
 City of Portland  
 Dept. of Public Works  
 33 Portland St.  
 Portland, Maine 04102  
 ATTN: MR. WILLIAM GOODWIN
- Third - The Public Works Department will call the person indicated on front side to schedule one-installation inspection. During this inspection the Public Works section of this form (below) will be completed. Following this inspection Public Works will make copies of the application form. If the application is approved 3 copies will be made, one will be mailed to the Portland Water District, one will be forwarded to the City Planning Inspector and one will be mailed back to the Applicant. If the application is denied, one copy will be made and mailed to the applicant showing reason therefor.
- Fourth - Upon receipt of a copy of the approved application, the applicant can purchase and install the sub-meter as approved. Following installation the applicant or his plumber must call the Chief Plumbing Inspector at 775-5451 Ext. 606 for an inspection of the completed installation. Following inspection by the Chief Plumbing Inspector, the Water District will be requested to seal the sub-meter and arrange to have an automatic reading system (if applicable - See General Information) installed where appropriate. The volume shown by the sub-meter will be credited on the Sewer User Charge of the bill.

**GENERAL INFORMATION**

Section 22.60 of the "Municipal Code of the City of Portland, Maine" reads as follows:

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

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

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

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

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

**TO BE COMPLETED BY PUBLIC WORKS**

Pre-installation inspection by DAVID E. PETERSON  
 on 8-23-85

Automatic reading system requested  YES  NO

A \_\_\_\_\_ Back Flow Preventer or equal shall be installed \_\_\_\_\_

Application  Approved  Denied

Comments BACK FLOW PREVENTERS ARE ALREADY INSTALLED

**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 Ernie R. Goodwin, Chief Plumbing Inspector of the City of Portland.

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

The installation is  approved  dis-approved

**TO BE COMPLETED BY THE WATER DISTRICT**

Date submeter sold \_\_\_\_\_  
 Submeter account number \_\_\_\_\_  
 Submeter make and number \_\_\_\_\_  
 Submeter installation readings \_\_\_\_\_  
 Submeter account entered into computer \_\_\_\_\_  
 Submeter account entered into meter book \_\_\_\_\_  
 Special Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# APPLICATION FOR SUBMETER



Super code  
Site one  
Approved 4-22-80

## 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 BRAMHALL, PORTLAND ME.

Property owner name MAINE MEDICAL CTR.

Tax Map Reference (on Real Estate Tax Bill) S. H.

Property owner address 22 BRAMHALL, PORTLAND, ME.

Person to be contacted to schedule inspections PHIL ST. JACQUES, 871-2988  
(Name and Telephone Number)

Portland Water District Acct. No. (on bill) P-91607 BA

Billing Name & Address (on bill) MAINE MEDICAL CTR.  
22 BRAMHALL ST.

Location and size of existing Portland Water District Service Meter 1956 BUILDING  
MACHINE ROOM 4" Ø HERSEY SPAULDINGS PAVILLION

Proposed location and size of sub-meter 3/4" Ø ROOF OF 1956 BUILDING  
behind the two cooling towers

Will a remote reading register be utilized?  YES (If yes, state location)

Reporting by Cards with City Check from time to time

Description of proposed changes in plumbing required for submetering:

S

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

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

COOLING TOWERS

I certify the above information is true and correct:

Philip Saint-Jacques  
signature

4/10/80  
Date

**INSTRUCTIONS**

- First - The applicant is to complete front of this form. The Tax Map Reference can be found on your Real Estate Tax Bill directly following owners name and address in the center of your Property Tax Bill. Bill number and address should be copied from your Water & Sewer Bill as well as the Portland Water District Account Number which is in the lower left corner of the Water and Sewer Bill.
- Second - Mail completed application form to:  
 City of Portland  
 Dept. of Public Works  
 424 City Hall  
 Portland, Maine 04101  
 ATTN: PR. WILLIAM GOODWIN
- Third - The Public Works Department will call the person indicated on front side to schedule pre-installation inspection. During this inspection the Public Works section of this form (Section 1) will be completed. Following this inspection Public Works will make copies of the application form. If the application is approved 3 copies will be made, one will be mailed to the Portland Water District, one will be forwarded to the City Plumbing Inspector and one will be mailed back to the Applicant. If the application is denied, one copy will be made and mailed to the applicant showing reason for denial.
- Fourth - Upon receipt of a copy of the approved application, the applicant can purchase and install the sub-meter as approved. Following installation the applicant or his plumber must call the Chief Plumbing Inspector at 775-5451 Ext. 234 for an inspection of the completed installation. Following inspection by the Chief Plumbing Inspector, the Water District will be requested to seal the sub-meter and arrange to have an automatic reading system (if applicable - See General Information) instituted where by the volume shown by the submeter will be credited on the Sewer User Charge of the Bill.

**GENERAL INFORMATION**

Section 322.6C of the "Municipal Code of the City of Portland, Maine" reads as follows:

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

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

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

- shall meet or exceed ASTM accuracy test requirements and be accompanied by a certificate of test accuracy.
- the meters will have straight reading, cubic foot registers.
- the meters will have the meter number stamped into the main case.
- the meters shall be magnetic drive.
- shall have either a rotating disc or oscillating piston.
- shall have a brass case.

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

290771

**956 Building TO BE COMPLETED BY PUBLIC WORKS  
 2 Cooling T.**

Pre-installation inspection by William B. Goodwin  
 on March 26, 1960

Automatic reading system requested  YES  NO *Reporting by Cards*  
 A Watts No. 9 Back Flow Preventer or equal shall be installed in line before 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 5/26/60 by Ernest R. Goodwin, Chief Plumbing Inspector of the City of Portland.

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

The installation is  approved  dis-approved

**TO BE COMPLETED BY THE WATER DISTRICT**

Date submeter sold \_\_\_\_\_  
 Submeter account number \_\_\_\_\_  
 Submeter make and number Rockwell # 8894695  
 Submeter installation readings 041780  
 Submeter account entered into computer \_\_\_\_\_  
 Submeter account entered into meter book \_\_\_\_\_  
 Special Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3/26/60

3/26/60