

930771

Permit # City of Portland BUILDING PERMIT APPLICATION Fee 1520 Zone Map # Lot #
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Marine Medical Center Phone # 871-2447
 Address: 22 Bramhall St; Ptld, ME 04102
 LOCATION OF CONSTRUCTION 22 Bramhall St - R-3 & P3A
 Contractor: Ledgewood Inc Sub: 767-1866
 Address: Box 8107 - Ptld, ME Phone # 04104
 Est. Construction Cost: 300,000 Proposed Use: hosp w inter renov
 Past Use: hosp
 # of Existing Res. Units # of New Res. Units
 Building Dimensions W Total Sq. Ft.
 # Stories: # Bedrooms: Lot Size:
 Is Proposed Use: Seasonal Condominium Conversion
 Explain Conversion interior renovations - R-3 & P3A areas

PERMIT ISSUED
 For Official Use Only
 Date: 8/24/93 Subdivision:
 Inside Fire Limits: Name: AUG 27 1993
 Bldg Code: Lot:
 Time Limit: Ownership:
 Estimated Cost: 300,000 CITY OF PORTLAND

Foundation: (pick-up truck for debris)
 1. Type of Soil:
 2. Set Br cks - 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 Spans(s)
 5. Pracing: Yes No
 6. Corner Posts Size
 7. Insulation Type Size
 8. Sheathing Type Size
 9. Siding Type Weather Exposure
 10. Masonry Materials
 11. Metal Material:

Interior Walls:
 1. Studding Size Spacing
 2. Header Sizes Spans(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)

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 Spacing
 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: Square Footage
 Must conform to National Electrical Code and State Code

Approved By Louise E. Chase
 Signature of Applicant
 Signature of CEO William B. Bridges Date

Inspection Dates

PERMIT ISSUED WITH LETTERS

PERMIT ISSUED WITH LETTERS



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 11, 1993, 19
 Receipt and Permit number 3374

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 Engineering Services Bldg
 OWNER'S NAME: MMC ADDRESS: _____

OUTLETS:	FEES
Receptacles <u>27</u> Switches <u>24</u> Plugmold _____ ft. TOTAL _____	10.20
FIXTURES: (number of)	
Incandescent <u>7</u> Fluorescent <u>73</u> (not strip) TOTAL _____	16.00
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional <u>8</u> _____	
1 HP or over _____	16.00
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 _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____	
Fans _____	
TOTAL _____	
Water Heaters _____	
Disposals _____	
Dishwashers _____	
Compacktors _____	
Others (denote) _____	
MISCELLANEOUS: (number of)	
Branch Panels <u>2</u> _____	8.00
Transformers _____	
Air Conditioners Central Unit <u>1</u> _____	10.00
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pool: Above Ground _____	
In Ground _____	
Fire/Burglar Alarms: Residential _____	
Commercial <u>15</u> _____	15.00
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery <u>2</u> _____	3.00
Emergency Generators <u>1</u> _____ 125. KVA _____	20.00
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	INSTALLATION FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: <u>98.20</u>

INSPECTION:
 Will be ready on _____, 19__; or Will Call XXXX
 CONTRACTOR'S NAME: E.S. Bousol Co. William Swanton
 ADDRESS: 40 Circus Time Rd. So. Portland
 TEL.: 772-3706
 MASTER LICENSE NO.: 3374 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

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

934516

Permit # 934516 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.

PERMIT ISSUED

Owner: Maine Medical Center Phone # _____
 Address: 22 Bramhall St. - Ptd, ME 04102
 LOCATION OF CONSTRUCTION 22 Bramhall St. - 6th floor
 Contractor: Ledgewood Inc Sub. # 767-1966
 Address: Box 8107- Ptd, ME 04104
 Est. Construction Cost: 10,000 Proposed Use: interior renovation
 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
 Inside Fire Limits _____
 Blg Code _____
 Time Limit _____
 Estimated Cost 10,000
 Subdivision JAN 27 1993
 City of Portland, ME

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 Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Spa. (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 _____

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) WDR 1-25-93

Ceiling:

- Ceiling Joists Size: _____ Spacing _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceilings: _____ Size _____
- Insulation Type _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

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: _____ x _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date 1-22-93

CEC's District [Signature]

CONTINUED TO REVERSE SIDE [Signature]

Ivory Tag - CEO [Signature]

White - Tax Assessor

HIST IC PRESERVATION

PLOT PLAN

7/19 Completed dc



FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	<u>70-</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 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.

[Signature] ADDRESS 761-1866 PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

984490

Permit # 984490 City of Portland RKAX 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: 797-8133 (mail dept)
 Address: Box 2530-So Ptd, ME Phone # 04116
 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

For Official Use Only
 Date: 1/15/93
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost: 15,000
 Subdivision Name: _____
 City of Portland
 PERMIT ISSUED
 JAN 21 1993
 Other (Explain) W.D.H. - P-19-93

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/Type: _____ 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 Size 13 PPF Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

Ceiling:

- Ceiling Joists Size: _____ Spacing _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceilings: _____ Size _____
- Insulation Type _____
- Ceiling Height: 8' Requires Review.

Roof:

- Truss or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- Roof Covering Type _____

Chimneys:

- Type: _____ Number of Fire Places _____ Date: 1/15/93

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: _____ x _____ Square Footage _____
- 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

CEO's District Thomas Herbert

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

[3] Kathy Lowe White - Tax Assessor

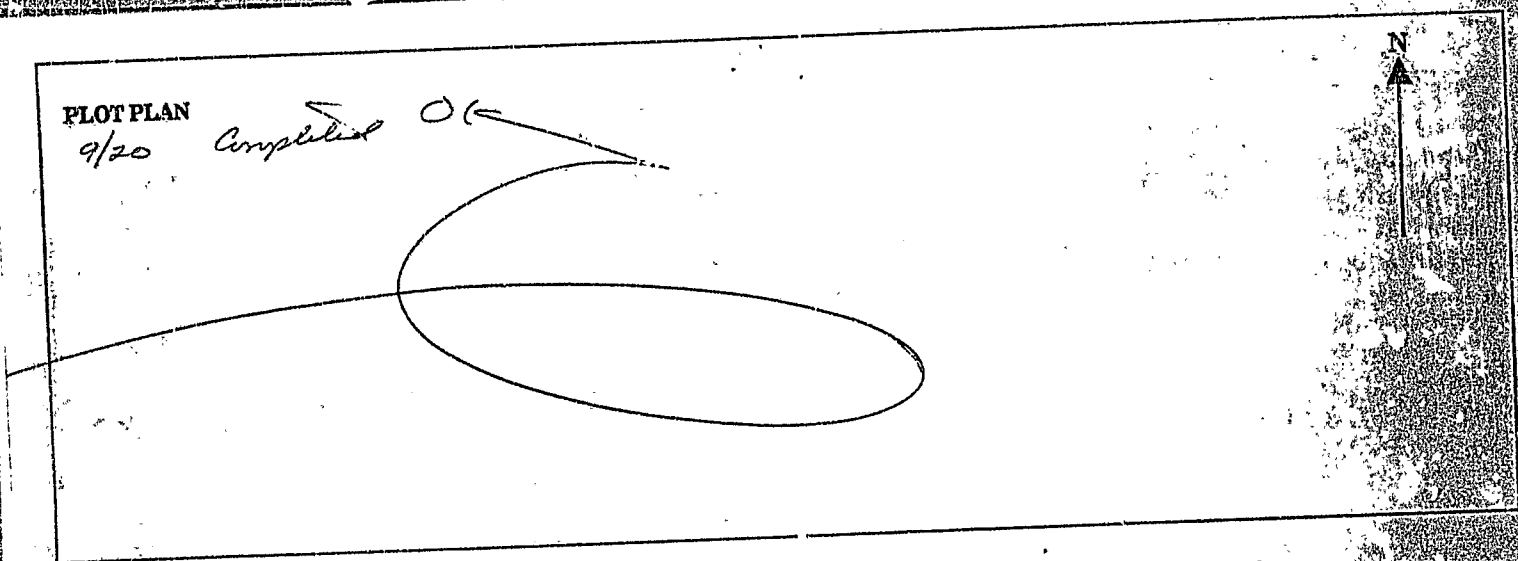
PLOT PLAN

9/20

Completed

OK

N



FEES (Breakdown From Front)

Base Fee \$ 95

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.

Thomas A. Herbert

SIGNATURE OF APPLICANT

ADDRESS

799-8136

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

913150

Permit # 913150 City of Portland BUILDING PERMIT APPLICATION Fee \$5025 Zone

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

Owner: Main Medical Center Phone # 871-0111 (4 lines)

Address: 22 Bramhall St; PCH, ME

LOCATION OF CONSTRUCTION REPAIRING EXISTING

Contractor: Restoration Sub: 22 Bramhall St.

Address: 52 Ryle Ave East Ave Phone # 201-595-1303

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

Past Use: parking garage

of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion: renovations to parking garage

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 Walls if required _____
- 5. Other Materials _____

White - Tax Assessor

PERMIT ISSUED

Map # _____ Lot # _____

Date: 10/16/91

For Official Use Only

CITY OF PORTLAND

Ownership: _____ Public _____ Private _____

Review Required:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____

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): NO

HISTORIC PRESERVATION

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: 3 MRS 16/11

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: Louise D. Chase

Signature of Applicant: _____

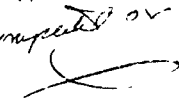
CEO's District: 31A

PERMIT ISSUED WITH LETTERS

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO 3 MRS Louise

PLOF PLAN

11/19 WIP OK
 1/31 WIP OK
 4/29 "
 5/20 "
 9/10 "
 10/23 "
 7/93 Completed



N


FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ <u>5020</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 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.


 52 RYLE AVE ~~PARBOW~~ 115 075 ? 201 545 1303
 SIGNATURE OF APPLICANT ADDRESS PHONE NO
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO *cal for pick-up*

David You * 61108

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

October 16, 1991

Restoration East Inc.
52 Ryle Ave
Paterson, N.J. 07522

Re: 22 Bramhall St (Parking Garage)

Dear Sir:

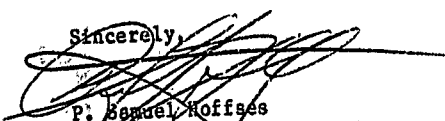
Your application to make renovations/repairs has been reviewed and a permit is herewith issued subject to the following requirements:

Building and Fire Code Regulations

1. This permit is being issued with the understanding that NO site plan alteration will be made.
2. If traffic from the public way has to be altered during alterations, Public Works and the Police Department must give approval.
3. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction to the Division of Inspection Services.
4. All renovations shall meet the requirements of Section 607.0 of the City's Building Code (Open parking structure).

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

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: Lt. W. Garroway, FPB

990587

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$60 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. (computer room)
Contractor: Grinnell Co. Sub: 878-2780
Address: 983 Riverside St- Ptld Phone # ME 04103
Est. Construction Cost: 7600 Proposed Use: hosp w sprink syst
Past Use: hosp
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total F. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion inst sprink ler syst - computer room

For Official Use Only
Date 6/28/93
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost 7600
PERMIT ISSUED
Name AL-9-900
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. 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 Wall:
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. C/J Strapping Size _____ Spacing _____
3. Type of Joists: _____
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 F. Chase

Signature of Applicant [Signature] Date 6-29-93

Signature of CEO [Signature] Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG

White Tag - CEO 13 Copyright GPCOG 1988

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3526

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND**

Street: **BRAMHALL STREET**

PROPERTY OWNERS NAME

MAINE MEDICAL CENTER

List: First:

Applicant Name: **KELLEY ASSOCIATES, INC.**

Mailing Address of Owner/Applicant (If Different): **F.O. BOX 1310 WESTBROOK, ME 04098**

PORTLAND 4699 TOWN COPY

Date Issued: **01-21-93** Fee: **\$121.75**

Local Plumbing Inspector Signature: **[Signature]** License # **011241**

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: **01-21-93**

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 Approved: **7-30-93**

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. RES'D. HOUSING DEALER/MECHANIC

4. UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # **07993**

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 / Sliccock	1	Bathtub (or J Shower)
	2	Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	2	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPE'S 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	2	Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			7	Total Fixtures
			\$ 21.	Hook-Up & Relocation Fee
			\$ 0.	Hook-Up & Relocation Fee
			\$ 21.	Permit Fees (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY