

**VAPPI & COMPANY INC**  
**BUILDERS-CONTRACTORS**

240 Sidney Street • Cambridge • Massachusetts 02139 • TR 6-7503

March 6, 1968

Department of Building Inspection  
City Hall  
389 Congress Street  
Portland, Maine

Attention: Mr. Nelson F. Cartwright

Re: Maine Medical Center

Gentlemen:

As requested, we submit a review of the fees which we have paid to the City of Portland for the Building Permit for the construction of the Maine Medical Center.

It is our understanding from Section 303.2.1 of the Building Code that the fee is based on the cost of built-in construction and equipment considered a part of the completed building. The value of this construction cost through our Change Order number 42 is made up as follows:

Original total contract amount is \$6,647,580. This price includes site improvements for sidewalks, curbs, paving etc., and general condition items such as premiums for bond and insurance, job office and its maintenance, all of which total \$422,350. When this is deducted from original contract price, the remainder represents the building cost in the amount of \$6,225,230. Our initial fee on this amount was \$12,450. paid on July 8, 1966.

Under Amendment No. 1 we applied for additional permit for adding unfinished structural work for the eighth and ninth floors. This was in the total extra amount of \$346,500, for which we paid the fee of \$693.00 on August 2, 1966.

Since then changes, both additions and deductions, have been added to our contract in the net amount of \$493,531.00. The largest item in these changes was providing partitions and all interior finish of the seventh floor of this building which had previously been unfinished. We have not received any order for finishing the interior of the eighth and ninth floors.

For this last change we sent you a check on February 28, 1968 in the amount of \$1,680.00 in error. We had not taken into account the fee of \$693. which we had previously paid for Amendment #1. The fee for this last change should not have been more than \$987.00.



ALBANY BRANCH 678 Troy-Schenectady Road

Latham New York 12110

518/785-6557

VAPPI & COMPANY INC.

Page 2 of 2

March 6, 1968

Department of Building Inspection

Also, please consider if these fees for Amendments should be reduced since they have been figured on the basis of our total price without deduction for non-productive costs of general conditions to conform with regulations in the Building Code.

We will appreciate your advice and adjustment of the payments we have made for the Building Permit on this job.

Very truly yours,

VAPPI & COMPANY, INC.

*Paul H. Pierce*

Paul H. Pierce

PHP:cd  
cc: Accounting

Basement

Re: 22 Brushall St.

Feb. 7, 1968

Robert P. McDonald, Vice Pres.  
Vappi & Company, Inc.  
240 Sidney St.,  
Cambridge, Mass.

cc to: Vappi & Co., Inc., 335 Brackett Street  
cc to: Philip K. Reiman, Director,  
Maine Medical Center  
cc to: Smith, Smith, Haines, Ludberg, Maglier,  
2 Park Ave., N. Y.

Dear Mr. McDonald:

Several matters pertaining to construction of new wing on  
Maine Medical building need clarification at once.

1. We need an architectural detail of wall enclosure  
around duct work from diet kitchen hood up through  
patients rooms, showing 2-hour fire resistance.  
This to be covered by Amend. #2 to general con-  
struction permit.
2. We have received a plan for changes to boiler room  
roof, with plastic dome skylight which to date we  
have not been able to approve and should be covered  
by an Amend. #3.
3. Please be advised that this department requires  
separate permits by the actual installer for fire-  
actuated cooking equipment and all kitchen equipment  
will need approval of Health Department.

Very truly yours,

Nelson F. Cartwright  
Field Inspector

HFC:iz

Op 22 Drenhall Street

December 13, 1966

✓ Robert P. McDonald, Vice Pres.  
Vappi & Company, Inc.  
210 Sidney Street  
Cambridge, Mass

Dear Mr. McDonald:

✓ cc: Vappi & Co., Inc.  
335 Brackett St.  
Portland, Maine

cc: Blanchard Plastering Co.  
5 Avon Place

✓ cc: Phillip K. Reiman, Director  
Maine Medical Center

✓ cc: Smith, Smith, Haines, Ludberg,  
Kuchler, 2 Park Ave., N.Y.

We have reviewed your proposal to substitute metal lath and plaster bond-in fireproofing as a substitute for concrete fireproofing and spray fireproofing to give the required ratings for a building required to be of Class I construction. These substitutions are approved provided that these methods meet the Underwriters specifications as you have stated.

Very truly yours,

Gerald E. Hayberry  
Director

GG/h

Philip H. Roman, Jr.

A.P.- 22 Bramhall St.

June 29, 1966

Vappi & Co., Inc.  
335 Brackett Street  
Portland, Maine

cc to: Vappi & Co., Inc., 240 Sidney St., Cambridge, Mass.  
cc to: Alfred F. Popoli, Assistant Director  
Maine Medical Center, 22 Bramhall Street  
cc to: Smith, Smith, Haines, Lundberg, Washler  
2 Park Ave., New York, 16, N. Y.

Gentlemen:

Permit to excavate and to construct foundation only for an 8-story  
masonry addition, 104'-5" x 213'-6" to the Maine Medical Center at the  
above location is being issued subject to the following condition:

As called to the attention of the management of  
the Maine Medical Center in our letter of  
April 8, 1966, it is understood that the terrace  
entrance facing Arsenal Street is to be redesigned  
so that concrete steps will not extend beyond the  
street line.

Very truly yours,

Gerald S. Fayberry  
Building Inspection Director

Gsd:m

**VAPPI & COMPANY INC**  
**BUILDERS - CONTRACTORS**

240 Sidney Street • Cambridge • Massachusetts 02139 • TR 6-7505

December 1, 1966

Mr. Harry B. Rollins  
Assistant Director  
Department of Insurance  
State House  
Augusta, Maine

Re: Maine Medical Center Addition  
Portland, Maine

Dear Mr. Rollins:

Vappi & Company, Inc. has been awarded the contract for the construction of the Maine Medical Center Addition in Portland, Maine.

Pursuant to our initial agreement with the Owner, Vappi & Company has investigated and submitted a proposal to the Architect (Smith Haines Lundberg & Waehler - New York, N.Y.) suggesting the substitution of plaster fireproofing as approved by Underwriters' Laboratory on the structural steel frame in lieu of concrete fireproofing as specified in the contract.

The Architect reviewed our proposal and, together with the Owner, has accepted the substitution. In the Architect's letter of November 17, 1966 (copy attached), Vappi & Company was asked to obtain concurrence and approval from your office.

Therefore, I request your consideration of our proposal and a reply letter from you stating that the substitution meets with your approval.

The specification for the scope and type of fireproofing is as presented below:

1. The following members shall receive concrete fireproofing as specified in the base contract:

- a. All exterior columns and spandrel beams.
- b. All interior columns and beams framed or abutted by masonry partitions. (All vertical shaftways, stairwells, elevator and dumbwaiter hoistways, etc. are framed by masonry. Therefore, all columns and beams abutting these areas will be concrete fireproofed.)



ALBANY BRANCH 678 Troy-Schenectady Road

Latham, New York 12110

518 785-4



**VAPPI & COMPANY INC**  
**BUILDERS-CONTRACTORS**

240 Sidney Street • Cambridge • Massachusetts 02139 • TR 6-7505

December 1, 1966

Mr. Gerald E. Mayberry  
Building Commissioner  
City of Portland  
Portland, Maine

Re: Maine Medical Center Addition  
Portland, Maine

Dear Mr. Mayberry:

Vappi & Company, Inc. has been awarded the contract for the construction of the Maine Medical Center Addition in Portland, Maine.

Pursuant to our initial agreement with the Owner, Vappi & Company has investigated and submitted a proposal to the Architect (Smith Haines Lundberg & Waehler - New York, N.Y.) suggesting the substitution of plaster fireproofing as approved by Underwriters' Laboratory on the structural steel frame in lieu of concrete fireproofing as specified in the contract:

The Architect reviewed our proposal and, together with the Owner, has accepted the substitution. In the Architect's letter of November 17, 1966 (copy attached), Vappi & Company was asked to obtain concurrence and approval from your office.

Therefore, I request your consideration of our proposal and a reply letter from you stating that the substitution meets with your approval.

The specification for the scope and type of fireproofing is as presented below:

1. The following members shall receive concrete fireproofing as specified in the base contract:
  - a. All exterior columns and spandrel beams.
  - b. All interior columns and beams framed or abutted by masonry partitions. (All vertical shaftways, stairwells, elevator and dumbwaiter hoistways, etc. are framed by masonry. Therefore, all columns and beams abutting these areas will be concrete fireproofed).



ALBANY BRANCH 678 Troy-Schenectady Road Latham New York 12110 518/765-5557



VAPPI & COMPANY INC. Mr. Gerald E. Mayberry  
December 1, 1966

Page 2.

- c. All beams and columns exposed to view (except beams and columns exposed to view at the intermediate floor and at the upper floors which columns and beams will be concealed when the areas are finished).
2. Metal lath and plaster boxed-in fireproofing in accordance with Underwriters' Laboratories test U.L. B-4 #6 and U.L. B-4 #9 shall be used at:
  - a. Interior columns not included in 1 b. and 1 c. above.
3. Spray fireproofing using Zonolite Mono-Kote MK-112 in accordance with Underwriters' Laboratories test Design #40-4 printed in bi-monthly supplement issued in August, 1966 shall be used at:
  - a. Beams not included in 1 b. and 1 c. above.

We propose to use Blanchard Plastering Co. of 5 Avon Place, Portland, Maine to perform the plastering work. Copies of Blanchard's letters of November 28, 1966, which provide additional information on the fireproofing method, are attached for your review.

If any additional information or clarification is required to allow you to ~~insure~~ <sup>issue your</sup> approval of the proposed method, I will be happy to forward same and/or to meet with you. If Blanchard Plastering Co. can be of any assistance, feel free to contact them directly.

Very truly yours,

VAPPI & COMPANY, INC.

*Robert P. McDonald*  
Robert P. McDonald  
Vice President

RPM:amb  
Enclosure  
cc: Mr. H. Rollins  
cc: Mr. P. Reiman  
cc: Mr. A. Clark  
cc: Mr. D. Blanchard  
cc: Job

SMITH HAINES LUNDBERG & WAHLER

3 PARK AVENUE NEW YORK 16

November 17, 1966

Maine Medical Center  
Additions  
Portland, Maine - 2882

Mr. Paul H. Pierce  
Vappi & Company, Inc.  
240 Sidney Street  
Cambridge, Massachusetts 02139

Dear Mr. Pierce:

This will confirm our telephone conversation with Mr. McDonald on Wednesday, November 16, 1966. The Owner is interested in your basic proposal of November 10, 1966, for substituting sprayed-on and boxed-in plaster fireproofing in lieu of concrete fireproofing. We understand you have secured the approval of the Portland Building Department. Please check with the Maine State Department of Insurance to make sure they will accept the substitutions listed in your proposal. We would appreciate having a letter stating the acceptance of both the Portland Building Department and the Maine State Department of Insurance.

Very truly yours,

Smith Haines Lundberg & Wahler

Alonzo Clark

(In Duplicate)

cc: Mr. Philip K. Reiman

NOV 17 1966

**BLANCHARD Plastering Co.**

5 AVON PLACE  
PORTLAND, MAINE  
P. O. BOX 659

Tel. Spruce 3-8136

— VISE WALL GLAZE DIVISION

November 28, 1966

VAPPI CONSTRUCTION CO., INC.  
240 Sidney Street  
Cambridge, Mass.

Attention: Mr. Robert McDonald

RE: MAINE MEDICAL CENTER  
Portland, Maine  
Project No: ME-62-(ABCDE)

Gentlemen:

We propose to fireproof beams on the above subject project by applying Zonolite Mono-Kote MK-112 (as manufactured by W. R. Grace and Co., Chicago, Ill.) one half inch thick, direct to the steel beams to achieve a three hour fire rating in accordance with Underwriters Laboratories, Inc., Design # 40-4 printed in Bi-monthly supplement issued in August, 1966.

Very truly yours,

BLANCHARD PLASTERING CO.

*Donald A. Blanchard*  
DONALD A. BLANCHARD

DAB:s

BLANCHARD Plastering Co.

WISE WALL GLAZE DIVISION

5 AVON PLACE  
PORTLAND, MAINE  
P. O. BOX 659

Tel. Spruce 3-8136

November 28, 1966

①

VAFPI CONSTRUCTION CO., INC.  
210 Sidney Street  
Cambridge, Mass.

Attention: Mr. Robert McDonald

RE: MAINE MEDICAL CENTER  
Portland, Maine  
Project No: ME-62-(ABCDE)

Gentlemen:

We propose to fireproof columns on the above subject project by means of wrapping columns with 3/4" self furring lath and applying 1 3/4" perlite plaster to achieve a four hour fire rating, in accordance with Underwriters Laboratories, Inc., test U.L. B-4 #6 and U.L. B-4 #9.

Very truly yours,

BLANCHARD PLASTERING CO.

*Donald A. Blanchard*  
DONALD A. BLANCHARD

DAB:s

*Notes:  
Please put  
with Medical Center folder*

September 29, 1966

Mr. Egon Heddeus  
c/o Wippi Construction Company  
335 Brackett Street  
Portland, Maine

Re: Generator exhaust at  
Maine Medical Center

Dear Mr. Heddeus:

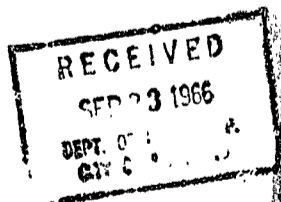
The office of the Building Inspector has re-  
your question to us concerning the possibility of connecting  
the exhaust from an emergency generator to a stack.

This would not be allowed because of the possibility  
of exhausting raw material and causing an explosion.

Sincerely,

Joseph R. Crema  
Chief of Fire Department

cc: Building Inspector



**VAPPI & COMPANY INC**  
**BUILDERS-CONTRACTORS**

240 Sidney Street • Cambridge • Massachusetts 02139 • Tel. 875-0505

February 27, 1968

Department of Building Inspection  
City Hall  
389 Congress Street  
Portland, Maine

Attention: Mr. Gerald E. Mayberry  
Director

Re: Maine Medical Center

Gentlemen:

Since making payment for our original Building Permit for the construction of the Centennial Wng and Alterations at the Maine Medical Center, 42 change orders have been issued which has increased the cost by \$840,000.00.

As arranged with you, we therefore wish to make application for an Amendment to our Building Permit, and enclose our check to the City of Portland in the amount of \$1,680.00, to pay the fee of \$2.00 per thousand for this increase in value.

The major changes involved consist of adding unfinished eighth and ninth floors to the building, and finishing the seventh floor area for hospital use.

Very truly yours,

VAPPI & COMPANY, INC.

*Paul H. Pierce*

Paul H. Pierce

PHP:cd  
Enclosure

*To make major changes on unfinished eighth and ninth floors and to finish seventh floor.*



ALBANY BRANCH 678 Troy-Schenectady Road

Latham New York 12110

518/785-5557

Re: 22 Brashall St.

Feb. 7, 1968

Robert P. McDonald, Vice Pres.  
Vappi & Company, Inc.  
240 Sidney St.,  
Cambridge, Mass.

cc to: Vappi & Co., Inc., 335 Brackett Street  
cc to: Philip K. Reisman, Director,  
Maine Medical Center  
cc to: Smith, Smith, Haines, Ludberg, Washler,  
2 Park Ave., N. Y.

Dear Mr. McDonald:

Several matters pertaining to construction of new wing on  
Maine Medical building need clarification at once.

1. We need an architectural detail of wall enclosure  
around duct work from diet kitchen hood up through  
patients rooms, showing 2-hour fire resistance.  
This to be covered by Amend. #2 to general con-  
struction permit.
2. We have received a plan for changes to boiler room  
roof, with plastic dome skylight which to date we  
have not been able to approve and should be covered  
by an Amend. #3.
3. Please be advised that this department requires  
separate permits by the actual installer for fire-  
actuated cooking equipment and all kitchen equipment  
will need approval of Health Department.

Very truly yours,

Nelson F. Cartwright  
Field Inspector

NFC:m

ES  
me  
ng

Re: Mains Medical Center addition  
22 Bramhall Street

June 19, 1967

Anastasia Bros.  
853 Plain Street  
Att: Mr. Larry Anastasia  
Marshfield, Mass.

Dear Mr. Anastasia:

We are in receipt of the sample #6 ga. "z" tie which you propose to use at the above named project. This tie when spaced 16" o.c. vertically, and 12" o.c. horizontally meets Building Code requirements.

Very truly yours,

Archie L. Seekins  
Deputy Director of Building & Inspection Services

ALS:m



DRAGON CEMENT

Thomaston, Maine (Area Code 207) 594-5355 Call Collect

M

6/16/67

Harold:

Will you please take  
care of the 2 ties  $\frac{3}{16}$ " Galvanized  
no drip from crickets job to  
Leekies - Deputy Blotig. Inspector  
& request written approval be  
mailed to Arantessa Bros.  
853 Plain St  
Manchester, Mass.  
att. Mr. Larry Arantessa

They need approval before they can  
go ahead.

Bill

Time is of the essence.

Dragon Portland Cements / Dragon Masonry Cement

ES  
mud  
ECP

B.F. - 22 Brushall Street

May 12, 1967

Hahnel Brothers Company  
Strawberry Avenue  
Lewiston  
Maine

cc to: Vappi & Co., Inc., 335 Brackett Street  
cc to: Blanchard Plastering Co., 5 Avon Place  
cc to: Philip K. Keiman, Director  
Kaine Medical Center  
cc to: Smith, Smith, Haines, Ludberg, Wachtler  
2 Park Ave., N. Y.

Gentlemen:

We are prepared to issue permit for installation of ventilation systems in new addition only at Kaine Medical Hospital building, based on such shop drawings as we have on hand showing location of five dampers as requested in Specs - Sub Div. 408-711 and as required by H.B.F.N. Pamphlet #90, Section 135.

We are interested that all venting duct connections to hoods over fire-actuated, grease producing, cooking equipment shall be of 18 gauge or better and risers be enclosed in shaftways of one-hour enclosure.

Regarding this necessary enclosure, we note that the venting riser at Column #5 West elevation, serving the hood over diet cooking hood has no fire rating up through all rooms above. See H.B.F.N., Pamphlet #90, Section 124.

We have not had resolved as to who is to firestop around all duct risers at floor elevations as per Section 122.

Very truly yours,

Nelson Cartwright  
Field Inspector

WFO:m

Re: Maine Medical Center addition  
22 Bramhall Street

June 19, 1967

Anastasia Bros.  
853 Plain Street  
Att: Mr. Larry Anastasia  
Marchfield, Mass.

Dear Mr. Anastasia:

We are in receipt of the sample #6 ga. "Z" tie which you propose to use at the above named project. This tie when spaced 16" o.c. vertically, and 12" o.c. horizontally meets Building Code requirements.

Very truly yours,

Archie L. Seekins  
Deputy Director of Building & Inspection Services

ALS:m

ED  
duy

EB  
me  
ery

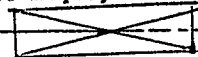
Re: Maine Medical Bldg.  
22 Bramhall Street

April 24, 1967

Hahnel Brothers Company  
Strawberry Avenue  
Lewiston, Maine

Gentlemen:

The shop drawing of fire damper is not the information we need to issue permit to install venting system in Medical Building addition at 22 Bramhall Street.

We note on the architect's drawing H-Vac #2882-H-25 an adequate detail of a fire damper; we also note on Spec. 2882-H-24, a symbol for fire damper , what we cannot find is

the locations of these fire dampers as per N.B.F.U. Pamphlet #9, Sect 135.

(a) Where duct systems serve two or more floors, approved fire dampers shall be required at each direct outlet or inlet and in each branch duct at its junction with the main vertical duct. Dampers are not required at room openings in the branch duct.

Perhaps these could be best shown on each floor branch on plan of venting risers.

Very truly yours,

Nelson Cart  
Field In

NC:m

P.S.: We would also like clarified as to install fire stops as per N. ducts pass thru walls, floors

it is  
22 where

118

Re: 22 Bramhall St.

April 14, 1967

Happel Brothers Company  
Strawberry Avenue  
Lewiston, Maine

Att: Emil H. Schott, Jr.

Dear Mr. Schott:

We are holding your request for permit to install ventilation at the Maine Medical Building for detail shop showing in particular, locations of fire dampers and kitchen hoods.

The kitchen hoods should be N.S.F. approved, or equal, submitted by us to the Portland Health Department for approval.

Very truly yours,

Nelson Cartwright  
Field Inspector

NFC:m

CITY OF PORTLAND, MAINE  
MEMORANDUM

TO: Joseph Cremo, Fire Chief  
FROM: Gerald E. Mayberry, Building Inspection Director  
SUBJECT: Fire door at Maine Medical Center, 22 Bramhall Street

DATE: July 1, 1966

It has come to our attention that a fire door to the right of the main entrance on Bramhall Street serving stairwell at ground level is not operable.

GEM:m

# Maine Testing Laboratory

HOLLIS, MAINE

TEL. 929-6605  
EVE 929-3903

DESIGN - TESTING - INSPECTION  
FOR THE CONSTRUCTION INDUSTRY

ROBERT F. FENSTERMAKER

21 July 1966

Smith, Haines, Lunberg & Wachler  
27 Park Avenue, New York 16, N. Y.

Subject: Maine Medical Center Addition  
Portland, Maine - 2988

Gentlemen:

We are herewith submitting a tentative concrete mix taken from our files. This mix was used recently on a project here in Portland, Maine with good results.

This concrete mix is to be used on subject project only until such time as review of submitted concrete designs for subject are completed and approved.

Concrete mix designs for subject project were submitted to this laboratory by Vappi Company, Inc. on 20 July 1966. Material testing and verification of strengths will commence immediately.

It is anticipated that seven (7) day recommendations will be made on 29 July 1966.

Mr. Alonzo Clark has given this laboratory verbal approval to proceed in this manner.

## Tentative Concrete Mix

| <u>Material</u> | <u>Type</u> | <u>Source</u>                          |
|-----------------|-------------|--|
| Cement          | Type II *   | Dragon Cement, Thomaston, Maine        |
| Sand            | Concrete    | Cumberland Sand, Cumberland, Maine     |
| Cr. Stone       | 1-1/2"      | Blue Rock Concrete, Westbrook, Maine   |
| Cr. Stone       | 3/4"        | " " " " " "                            |
| Pozzolite       | III         | Master Builders, Cleveland, Ohio       |
| Water           | Potable     | Portland Water District, Portland, Me. |

\* Mr. Alonzo Clark has given verbal approval for the use of Type II.

Concrete Supplier: Blue Rock Concrete, Westbrook, Maine

See Page 2.

22 Branchall Street

March 25, 1966

Mr. Alfred F. Popoli, Assistant Director cc to: Fire Department  
Maine Medical Center  
22 Branchall Street

Dear Mr. Popoli:

A check of your plans for installation of temporary services during construction of the additions to the Maine Medical Center by the Fire Department and Building Inspection Services Department of the City of Portland shows that this installation can be approved providing that the oxygen line runs over the roof of the boiler room as shown.

A further check into the future underground services reveals that the steam and oxygen lines will not need to be encased in conduit but the oxygen line installation will need to be made in accordance with N.F.P.A. Standards.

Very truly yours,

Gerald E. Mayberry  
Building Inspection Director

GEM



22 Bramhall St., April 8, 1966

Haine Medical Center  
22 Bramhall Street

cc to: Smith Smith Haines Lundberg Waehler  
2 Park Ave. New York 16, N. Y.  
cc to: Corporation Counsel

Gentlemen:

Building permit for the construction of an 8 story masonry hospital wing addition 104'-5" x 213'-6" at the above named location is not issuable under the zoning Ordinance for reasons as follows:

1. The raised masonry terrace on the easterly side abuts the Charles Street line instead of providing a 10 foot side yard in accordance with Section 7-B-2 referring to the R-6 Residence Zone in which this property is located.
2. This building being 8 stories and 101 feet high exceeds the limit of 5 stories or 45 feet as set forth in Section 7-B-5.

We understand that you desire to exercise your appeal rights in this matter, therefore your authorized representative will need to come to Room 113 City Hall where forms are available for filing this appeal.

It is also called to your attention that the concrete steps serving the masonry terrace on the easterly side of this addition are shown to extend into the Charles Street right-of-way. If this appeal is sustained it will be necessary to redesign so that the steps are completely contained on the hospital property.

Very truly yours,

Gerald S. Bayberry  
Building Inspection Director

GSK:sa

ADMINISTRATIVE CORRESPONDENCE

CITY OF PORTLAND, MAINE

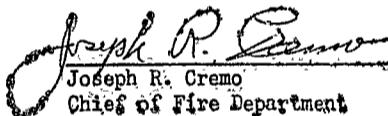
FIRE DEPARTMENT

To: Mr. Gerald E. Mayberry, Building Inspector      Date: March 22, 1966

From: Joseph R. Cremo, Chief of Fire Department

Subject: Maine Medical Center Oxygen Line

Mr. Popoli, Assistant Director of the Maine Medical Center has agreed not to run the oxygen line into the boiler room and will make the installation according to the N.F.P.A. Standards.

  
Joseph R. Cremo  
Chief of Fire Department



FILL IN AND SIGN WITH INK

00428

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED

MAY 17 1983

Portland, Maine, May 16, 1983

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND ME.

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

Location 22 Bramhall St. Use of Building Hospital No. Stories New Building Existing 'x' Name and address of owner of appliance Maine Medical Center - same Installer's name and address Industrial Energy Systems, Inc. - 3 Adams St. Telephone 799-0911

General Description of Work

To install Coen Gas Oil Burner

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Kind of fuel? Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Coen Gas/Oil Labelled by underwriters' laboratories? yes Will operator be always in attendance? yes Does oil supply line feed from top or bottom of tank? NA Type of floor beneath burner concrete Size of vent pipe NA Location of oil storage Outside - Underground Number and capacity of tanks Low water shut off yes Make Reliance No Will all tanks be more than five feet from any flame? yes How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 15.00

APPROVED:

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

CS 500

FILE COPY

Signature of Installer James R. Ferguson Maine Medical Center

5



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

*filmed*

Date Jan. 27, 1993  
 Receipt and Permit number A 92572

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. - (on Gilman st. by garage)  
 OWNER'S NAME: Maine Medical Center ADDRESS: same

|  |                       |            |
|--|-----------------------|------------|
| <b>OUTLETS:</b>  |                       | <b>FEE</b> |
| Receptacles <u>7</u>   | Switches <u>3</u>     | ✓ 3.00     |
| Plugmold _____ ft. TOTAL <u>10</u>                                     |                       |            |
| <b>FIXTURES: (number of)</b>   |                       |            |
| Incandescent <u>22</u>   | Flourescent <u>11</u> | ✓ 5.30     |
| (not strip) TOTAL <u>33</u>  |                       |            |
| Strip Flourescent _____ ft. ....                                       |                       |            |
| <b>SERVICES:</b>   |                       |            |
| Overhead _____   | Underground _____     | ✓ 6.00     |
| Temporary <u>x</u> TOTAL amperes <u>600</u>                            |                       |            |
| <b>METERS: (number of)</b> <u>2</u>                                    |                       | ✓ 1.00     |
| <b>MOTORS: (number of)</b>   |                       |            |
| Fractional <u>5</u>  |                       | ✓ 2.50     |
| 1 HP or over <u>2</u>  |                       |            |
| <b>RESIDENTIAL HEATING:</b>  |                       | ✓ 2.00     |
| 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 _____   | ✓ 4.50     |
| Cook Tops _____  | Disposals _____       |            |
| Wall Ovens _____   | Dishwashers _____     |            |
| Dryers _____   | Compactors _____      |            |
| Fans <u>3</u>  | Others (denote) _____ |            |
| TOTAL _____  |                       |            |
| <b>MISCELLANEOUS: (number of)</b>                                      |                       |            |
| Branch Panels <u>3</u>   |                       | ✓ 3.00     |
| Transformers <u>2</u>  |                       |            |
| Air Conditioners Central Unit _____                                    |                       | ✓ 1.00     |
| 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 _____    |            |
| Circus, Fairs, etc. _____  |                       |            |
| Alterations to wires _____   |                       |            |
| Repairs after fire _____   |                       |            |
| Emergency Lights, battery _____  |                       |            |
| Emergency Generators _____   |                       |            |

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: 31.30

**INSPECTION:**  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call \_\_\_\_\_ xx  
**CONTRACTOR'S NAME:** E. S. Boules Co.  
**ADDRESS:** 40 Circus Time Rd. So. Portland  
**TEL.:** 772-3706  
**MASTER LICENSE NO.:** 3291  
**LIMITED LICENSE NO.:** \_\_\_\_\_  
**SIGNATURE OF CONTRACTOR:**  
*E. S. Boules Co.*

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

ELECTRICAL INSTALLATIONS —

Permit Number 92572

Location 22 Bramhall St (on Gilman St)

Owner Marie Reed, Co.

Date of Permit 1-27-83

Final Inspection 12-23-83

By Inspector Libby

Permit Application Register Page No. 138

INSPECTIONS: Service by Libby

Service called in 2-3-83

Closing-in by \_\_\_\_\_

PROGRESS INSPECTIONS: 1-31-83 / 2-2-83 / 4-5-83 / 11-28-83 / 12-23-83 / / / / / /

CODE COMPLIANCE COMPLETED  
12-23-83  
DATE

REMARKS:

2-3-83 Temporary service to garage.



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

*Belmed*

Date Jan. 27 19 83  
 Receipt and Permit number A 92572

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. - (on Johnson St. by garage)  
 OWNER'S NAME: Maine Medical Center ADDRESS: same

|                                   |  |                       |                             |                          |       |       |
|-----------------------------------|--|-----------------------|-----------------------------|--------------------------|-------|-------|
| OUTLETS:                          | Receptacles <u>7</u>   | Switches <u>3</u>     | Plugmold _____              | ft. TOTAL <u>10</u>      | ..... | 3.00  |
| FIXTURES: (number of)             | Incandescent <u>22</u>   | Flourescent <u>11</u> | (not strip) TOTAL <u>33</u> | .....                    | 5.30  |       |
|                                   | Strip Flourescent _____  | ft. ....              |                             |                          |       |       |
| SERVICES:                         | Overhead _____   | Underground _____     | Temporary <u>X</u>          | TOTAL amperes <u>600</u> | ..... | 6.00  |
| METERS: (number of)               | <u>2</u>   | .....                 |                             |                          |       | 1.00  |
| MOTORS: (number of)               | Fractional <u>5</u>  | .....                 |                             |                          |       | 2.50  |
|                                   | 1 HP or over <u>2</u>  | .....                 |                             |                          |       | 2.00  |
| 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 _____   | Water Heaters _____   |                             |                          |       |       |
|                                   | Cook Tops _____  | Disposals _____       |                             |                          |       |       |
|                                   | Wall Ovens _____   | Dishwashers _____     |                             |                          |       |       |
|                                   | Dryers _____   | Compactors _____      |                             |                          |       |       |
|                                   | Fans <u>3</u>  | Others (denote) _____ |                             |                          |       | 4.50  |
|                                   | TOTAL _____  | .....                 |                             |                          |       |       |
| MISCELLANEOUS: (number of)        | Branch Panels <u>2</u>   | .....                 |                             |                          |       | 3.00  |
|                                   | Transformers <u>2</u>  | .....                 |                             |                          |       | 4.00  |
|                                   | 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 amps and under _____ | .....                 |                             |                          |       |       |
|                                   | over 30 amps _____   | .....                 |                             |                          |       |       |
|                                   | Circus, Fairs, etc. _____  | .....                 |                             |                          |       |       |
|                                   | Alterations to wires _____   | .....                 |                             |                          |       |       |
|                                   | Repairs after fire _____   | .....                 |                             |                          |       |       |
|                                   | Emergency Lights, battery _____  | .....                 |                             |                          |       |       |
|                                   | Emergency Generators _____   | .....                 |                             |                          |       |       |
|                                   | INSTALLATION FEE DUE: _____  |                       |                             |                          |       |       |
|                                   | DOUBLE FEE DUE: _____  |                       |                             |                          |       |       |
|                                   | FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____                         |                       |                             |                          |       |       |
|                                   | TOTAL AMOUNT DUE: _____  |                       |                             |                          |       | 31.30 |

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: E. S. Boulos Co.  
 ADDRESS: 40 Circus Time Rd. So. Portland  
 TEL.: 772-3706  
 MASTER LICENSE NO.: 3291 SIGNATURE OF CONTRACTOR: *E. S. Boulos*  
 LIMITED LICENSE NO.: \_\_\_\_\_

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

ELECTRICAL INSTALLATIONS —

Permit Number 92572

Location 22 Bramhall St (on Gilman St)

Owner Marie Med. Co.

Date of Permit 1-27-83

Final Inspector 12-23-83

By Inspector Libby

Permit Application Register Page No. 138

INSPECTIONS: Service  by Libby

Service called in 2-3-83

Closing-in \_\_\_\_\_ by \_\_\_\_\_

PROGRESS INSPECTIONS:

1-31-83 /  
2-2-83 /  
4-5-83 /  
11-28-83 /  
12-23-83 /  
/ /  
/ /

CODE  
COMPLIANCE  
COMPLETED  
12-23-83  
DATE

REMARKS:

2-3-83 temporary service to garage.



FILL IN AND SIGN WITH INK

01426 PERMIT ISSUED

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

NOV 9 1984

Portland, Maine, Nov. 9, 1984

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 22 Bramhall St. Use of Building old section- main boiler room
Name and address of owner of appliance Maine Medical Center - same No. Stories New Building Existing 'XX
Installer's name and address James Cox - P. O. Box 2316 Enfield, Conn Telephone

General Description of Work

To install burner - replacement

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel?
Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same flue
If gas fired, how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Faber - XMM register type Labelled by underwriters' laboratories? yes
Will operator be always in attendance? yes Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe 1 1/2"
Location of oil storage maximum underground Number and capacity of tanks
Low water shut off yes Make Reliance No.
Will all tanks be more than five feet from any flame? yes How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 15.00

APPROVED:

[Signature area with lines]

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

CS 300

INSPECTION

FILE

Signature of Installer

APPLICANT'S

ASSESSOR'S COPY

5 James Cox 2828



**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3825

**PROPERTY ADDRESS**  
Town Or Plantation: Portland  
Street: 22 Bramhall St.  
Subdivision Lot #: 22 Bramhall St.

**PROPERTY OWNERS NAME**  
Last: Maine First: Medical  
Applicant Name: Health Services  
Mailing Address of Owner/Applicant (If Different): 340 ...

PORTLAND PERMIT # 311 7PY  
Date Permit Issued: 12-17-84  
FEE: LP  
Signature: [Signature]

**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: 2-17-84

**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: SEP 16 1984

**PERMIT INFORMATION**

|   |  |  |
|---|--|--|
| <b>This Application is for</b><br>1. <input type="checkbox"/> NEW PLUMBING<br>2. <input type="checkbox"/> RELOCATED PLUMBING<br><u>JAN 5 1984</u><br><u>MAR 16 1984</u> | <b>Type Of Structure To Be Served:</b><br>1. <input type="checkbox"/> SINGLE FAMILY DWELLING<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <u>...</u> | <b>Plumbing To Be Installed By:</b><br>1. <input type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNER MAN<br>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input type="checkbox"/> PROPERTY OWNER<br>LICENSE # <u>10 1115</u> |
|---|--|--|

| Number     | Column 2<br>Type Of Fixture            | Number        | Column 1<br>Type Of Fixture         |
|------------|--|---------------|-------------------------------------|
| <u>4</u>   | Hosebibb / Sillcock                    |               | Bathtub (and Shower)                |
| <u>1.4</u> | Floor Drain                            |               | Showers (Separate)                  |
| <u>2</u>   | Urinal                                 | <u>2</u>      | Sink                                |
| <u>2</u>   | Drinking Fountain                      | <u>1</u>      | Wash Basin                          |
|            | Indirect Waste                         | <u>1</u>      | Water Closet (Toilet)               |
|            | Water Treatment Softener, Filter, etc. |               | Clothes Washer                      |
|            | Grease/Oil Separator                   |               | Dish Washer                         |
|            | Dental Cuspidor                        |               | Garbage Disposal                    |
|            | Bidet                                  |               | Laundry Tub                         |
|            | Other: <u>...</u>                      | <u>1.2</u>    | Water Heater                        |
|            | <b>Fixtures (Subtotal) Column 2</b>    | <u>22</u>     | <b>Fixtures (Subtotal) Column 1</b> |
|            |  | <u>22</u>     | <b>Fixtures (Subtotal) Column 2</b> |
|            |  | <u>144</u>    | <b>Total Fixtures</b>               |
|            |  | <u>\$ 72.</u> | <b>Fixtures Fee</b>                 |
|            |  | <u>\$ .</u>   | <b>Hook-Up Fee</b>                  |
|            |  | <u>\$ 72.</u> | <b>Permit Fee - 0 (Total)</b>       |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3823

**PROPERTY ADDRESS**  
Town Or Plantation: PORTLAND  
Street Subdivision Lot #: MMC-22 BRANHALL

**PROPERTY OWNERS NAME**  
Last: MAINE MED. CENTER  
First: PHILLIP J. CANTARA

Mailing Address of Owner/Applicant (If Different): 7 THATCHER ST. BIDDEFORD

0093 PORTLAND \*\*\* 05170 \*\*\*

Date Permit Issued: 8.3.83 FEE: \$ 876

L.P.I. #: 1123  Double Charged

**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: 8/2/83

**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: APR 22 1985

**PERMIT INFORMATION**

This Application is for:  
1.  NEW PLUMBING  
2.  RELOCATED PLUMBING  
NOV 14 1983  
NOV 12 1983

Type Of Structure To Be Served:  
1.  SINGLE FAMILY DWELLING  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER - SPECIFY: HOSPITAL  
NOV 29 1984

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 # C.C.C.51

| Number       | Column 2<br>Type Of Fixture | Number | Column 1<br>Type Of Fixture  |
|--------------|-----------------------------|--------|------------------------------|
| JAN 16 1984  | 33 Hosebibb / Sillcock      | 457    | Bathtub (and Showe.)         |
| JAN 18 1984  | 150 Floor Drain             | 53     | Shower (Separate)            |
| FEB 8 1984   | 8 Urinal                    | 144    | Sink                         |
| FEB 9 1984   | 18 Drinking Fountain        | 250    | Wash Basin                   |
| FEB 10 1984  | 12 Indirect Waste           | 150    | Water Closet (Toilet)        |
| FEB 13 1984  |                             |        | Clothes Washer               |
| FEB 28 1984  | 3 Grease/Oil Separator      |        | Dish Washer                  |
| APR 20 1984  | DEC 18 1984                 |        | Garbage Disposal             |
|              | JAN 17 1985                 | 19     | Laundry Tub                  |
| MAY 7 1984   | JAN 25 1985                 | 2      | Water Heater                 |
| SILUN 4 1984 | AUG 5 1985                  | 622    | Fixtures (Subtotal) Column 1 |
| JUL 12 1984  | JAN 30 1985                 | 224    | Fixtures (Subtotal) Column 2 |
| JUL 19 1984  | AUG 11 1985                 | 846    | Total Fixtures               |
| AUG 20 1984  | FEB 11 1985                 | \$876. | Fixture Fee                  |
| SEP 27 1984  |                             | \$     | Hook-Up Fee                  |
|              |                             | \$876. | Permit Fee (Total)           |

Page 1 of 1  
HHE - 211 Rev. 4/83

TOWN COPY

**PLUMBING APPLICATION**

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

**PROPERTY ADDRESS**  
Town Or Plantation: PORTLAND  
Street Subdivision Lot #: MHC-22 BRAMHALL

**PROPERTY OWNERS NAME**  
Last: MAINE MED. CENTER  
Applicant Name: PHILLIP J. CANTARA  
Mailing Address of Owner/Applicant (If Different): 7 THATCHER ST. BIDDING

0093 PORTLAND \*\*\* 05170 \*\*\*  
Date Permit Issued: 18.3.83 FEE: \$1,876  
L.P.I. #: 11231  
Signature: [Signature]  
Essex Plumbing  
PO Box 18  
Village Rd - Essex Jct.

**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: 8/1/83

**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: [Signature]

**PERMIT INFORMATION**

**This Application is for:**  
1.  NEW PLUMBING  
2.  RELOCATED PLUMBING  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER - SPECIFY: HOSPITAL

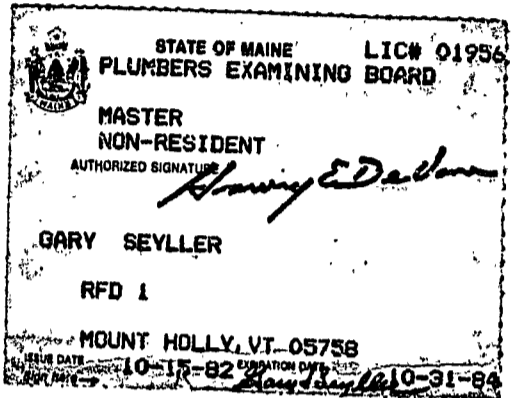
**Type Of Structure To Be Served:**  
1.  SINGLE FAMILY DWELLING  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER - SPECIFY: HOSPITAL

**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 # C.C.6.6.51

| Number      | Hook-Ups And Piping Relocation  | Number | Column 2 Type Of Fixture     | Number                                 | Column 1 Type Of Fixture     |
|-------------|---|--------|------------------------------|--|------------------------------|
| JAN 16 1984 | HOOK-UP: to a public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. | 33     | Hosebibb / Sillcock          | 457                                    | Bathtub (and Shower)         |
| JAN 18 1984 |   | 150    | Floor Drain                  | 53                                     | Shower (Separate)            |
| NOV 14 1983 |   | 8      | Urinal                       | 144                                    | Sink                         |
| NOV 12 1983 | HOOK-UP: to an existing subsurface wastewater disposal system.  | 18     | Drinking Fountain            | 250                                    | Wash Basin                   |
|             |   | 12     | Indirect Waste               | 150                                    | Water Closet (Toilet)        |
|             |   |        |                              | Water Treatment Softener, Filter, etc. |                              |
|             | PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  | 3      | Grease/Oil Separator         |  | Dish Washer                  |
|             |   |        | Dental Cuspidor              |  | Garbage Disposal             |
|             |   |        | Bidet                        | 19                                     | Laundry Tub                  |
|             | Hook-Ups (Subtotal)   |        | Other: _____                 | 2                                      | Water Heater                 |
|             | Hook-Up Fee AUG 5 1983  |        | Fixtures (Subtotal) Column 2 | 622                                    | Fixtures (Subtotal) Column 1 |
|             |   |        |                              | 224                                    | Fixtures (Subtotal) Column 2 |
|             |   |        |                              | 846                                    | Total Fixtures               |
|             |   |        |                              | \$876.                                 | Fixture Fee                  |
|             |   |        |                              | \$                                     | Hook-Up Fee                  |
|             |   |        |                              | \$876.                                 | Permit Fee (Total)           |

TOWN COPY

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



ESSEX PLUMBING & HEATING INC.  
P. O. Box 18  
Kellogg Road  
ESSEX JCT., VERMONT 05452

885 Congress St  
Portland, Me 04103

TO 879-0070 879-6601  
Plumbing Inspector  
City Hall  
Portland, Maine 04103  
Attn: Mr. Goodwin

DATE 2/13/84  
SUBJECT Maine Medical Center  
22 Beachhall St.  
Portland, Maine 04103  
# 0093 Portland

> This is to inform you that Phillip Cantara, applicant for Subject permit for above project is no longer employed by this company. I was informed by Div. of Engineering in Augusta and by your office that this would in no way invalidate this permit. We do have licensed journeymen and Master Plumber on this project. Gary Seyller, Master # 001956 will be in charge of plumbing installation from this date. (Copy of license enclosed). If any paperwork is necessary please initiate as soon as possible.

CC: Div. of Engineering, Augusta, Maine  
Phillip Cantara, Biddeford, Maine

Thank You  
SIGNED Ed Cameron, Project Mgr.

PLEASE REPLY  NO REPLY NECESSARY



STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333



JOSEPH E. BRENNAN  
GOVERNOR

MICHAEL R. PETIT  
COMMISSIONER

March 8, 1984

McERO  
Attention: James Richter  
P.O. Box 8419  
Portland, Maine 04104

Subject: AMSCO - Modular II, Toilet/Lavatory Facility, Maine Medical Center, Portland.

Dear Mr. Richter:

This office is in receipt of your letter dated March 6, 1984 plus enclosed product literature for the above referenced product.

In reviewing the product literature, I noticed that the product has been listed by the International Association of Mechanical and Plumbing Officials and bears the UPC label.

As such, this office would have no objections to the installation and use of the product at the Maine Medical Center.

If you have any other questions, please feel free to contact this office.

Sincerely,

David P. Breau  
Plans and Standards Review  
Division of Health Engineering

DPB/mo  
cc: Ernold Goodwin, LPI

| PROPERTY ADDRESS                                  |                                     |
|---|-------------------------------------|
| Town Or Plantation                                | Portland, Maine                     |
| Street Subdivision/Lot #                          | 22 Bramhall Street.                 |
| PROPERTY OWNERS NAME                              |                                     |
| Maine Medical Center                              |                                     |
| Last:   | First:                              |
| Applicant Name:                                   | Scribner & Iverson, Inc.            |
| Mailing Address of Owner/Applicant (if Different) | P.O. BOX 22, Portland, Maine 04112. |

PORTLAND PERMIT # 1,174 TOWN COPY

Date Issued: 7-30-85 \$ \_\_\_\_\_ FEE Double Fee Charged

*Arnold W. Melaney* L.P.I. # \_\_\_\_\_  
Local Plumbing Inspector Signature

**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.

*Arnold W. Melaney* 7-30-85 Date  
Signature of Owner/Applicant

**Caution: Inspection Required**  
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

AUG 6 1985 *ad*  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

|  |  |   |
|--|--|---|
| <b>This Application is for</b><br>1. <input type="checkbox"/> NEW PLUMBING<br>2. <input type="checkbox"/> RELOCATED PLUMBING | <b>Type Of Structure To Be Served:</b><br>1. <input type="checkbox"/> SINGLE FAMILY DWELLING<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Hospital</u> | <b>Plumbing To Be Installed By:</b><br>1. <input checked="" type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D HOUSING DEALER MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input type="checkbox"/> PROPERTY OWNER<br>LICENSE # <u>10,061,94</u> |
|--|--|---|

| Number | Hook-Ups And Piping Relocation   | Number | Column 2<br>Type Of Fixture            | Number  | Column 1<br>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)            |
|        |  |        | Urinal                                 |         | Sink                         |
|        | HOOK-UP to an existing subsurface wastewater disposal system   |        | Drinking Fountain                      |         | Wash Basin                   |
|        |  |        | 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                  |
|        | Hook-Ups (Subtotal)  | 1      | Other: Drinking Fountain               |         | Water Heater                 |
| \$     | Hook-Up Fee  | 1      | Fixtures (Subtotal) Column 2           |         | Fixtures (Subtotal) Column 1 |
|        |  |        |  | 1       | Fixtures (Subtotal) Column 2 |
|        |  |        |  | 1       | Total Fixtures               |
|        |  |        |  | \$ 6.00 | Fixture Fee                  |
|        |  |        |  | \$      | Hook-Up Fee                  |
|        |  |        |  | \$ 6.00 | Permit Fee (Total)           |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



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

Date December 5, 1984  
 Receipt and Permit number 07644

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 Street - Charles A. Dana - Health Educ. Center  
 OWNER'S NAME: Maine Medical Center ADDRESS: 22 Bramhall Street

|   | FEES         |
|---|--------------|
| <b>OUTLETS:</b>   |              |
| Receptacles <u>108</u> Switches <u>78</u> Plugmold _____ ft. TOTAL <u>186</u> | <u>18.60</u> |
| <b>FIXTURES: (number of)</b>  |              |
| Incandescent <u>69</u> Fluorescent <u>169</u> (not strip) TOTAL <u>238</u>    | <u>23.80</u> |
| Strip Fluorescent <u>56</u> ft. ....  | <u>3.10</u>  |
| <b>SERVICES:</b>  |              |
| Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____          |              |
| <b>METERS: (number of)</b> _____  |              |
| <b>MOTORS: (number of)</b>  |              |
| Fractional <u>1</u> .....   | <u>.50</u>   |
| 1 HP or over <u>7</u> .....   | <u>7.00</u>  |
| <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 _____  |              |
| Cook Tops _____   |              |
| Wall Ovens _____  |              |
| Dryers _____  |              |
| Fans _____  |              |
| Water Heaters <u>1</u> _____  |              |
| Disposals _____   |              |
| Dishwashers _____   |              |
| Compactors _____  |              |
| Others (denote) _____   |              |
| TOTAL <u>5</u> .....  | <u>7.50</u>  |
| <b>MISCELLANEOUS: (number of)</b>   |              |
| Branch Panels <u>5</u> .....  | <u>5.00</u>  |
| Transformers <u>1</u> .....   | <u>2.00</u>  |
| Air Conditioners Central Unit <u>2</u> .....                                  | <u>10.00</u> |
| Separate Units (windows) _____  |              |
| Signs 20 sq. ft. and under _____  |              |
| Over 20 sq. ft. _____   |              |
| Swimming Pools Above Ground _____   |              |
| In Ground _____   |              |
| Fire/Burglar Alarms Residential _____   |              |
| Commercial <u>1</u> .....   | <u>5.00</u>  |
| 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 _____   |              |
| Emergency Generators _____  |              |
| INSTALLATION FEE DUE: _____   |              |
| FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE: _____        |              |
| FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....                                |              |
| TOTAL AMOUNT DUE. _____   | <u>82.50</u> |

**INSPECTION:**  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call xx  
**CONTRACTOR'S NAME:** E. S. Boulos Co.  
**ADDRESS:** 40 Circus Time Road, So. Portland  
**TEL.:** 772-3705  
**MASTER LICENSE NO.:** 3291 **SIGNATURE OF CONTRACTOR:** *[Signature]*  
**LIMITED LICENSE NO.:** \_\_\_\_\_

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





(207) 255-3826

|   |                                      |   |
|---|--------------------------------------|---|
| PROPERTY ADDRESS                                  |                                      | PORTLAND PERMIT # 1,363 TOWN COPY<br>LIC. # 110,311,85<br><i>Paul R. Goodwin</i><br>Local Plumbing Inspector Signature<br>L.P.I. # _____<br>\$ _____ FEE<br><small>(1) Double Fee Charged</small> |
| Town Or Parishes                                  | Portland, Maine                      |   |
| Street  | 22 Branhall Street                   |   |
| PROPERTY OWNERS NAME                              |                                      |   |
| Maine Medical Center                              |                                      |   |
| Applicant Name                                    | Scribner & Iverson, Inc.             |   |
| Mailing Address of Owner Applicant (if different) | P.O. Box 27<br>Portland, Maine 04112 |   |

**Owner Applicant Statement**  
 I certify that the information submitted is correct to the best of my knowledge and belief and that any fabrication is false to the Local Plumbing Inspector's Permit.  
*Donald H. McLaughlin*  
 Signature of Owner Applicant Date 11/4/85

**Caution: Inspection Required**  
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.  
 NOV 4 1985  
 Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

|  |  |  |
|--|--|--|
| <b>This Application is for</b><br>1 <input type="checkbox"/> NEW PLUMBING<br>2 <input type="checkbox"/> RELOCATED PLUMBING | <b>Type Of Structure To Be Served:</b><br>1 <input type="checkbox"/> SINGLE FAMILY DWELLING<br>2 <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4 <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Hospital</u> | <b>Plumbing To Be Installed By:</b><br>1 <input checked="" type="checkbox"/> MASTER PLUMBER<br>2 <input type="checkbox"/> OIL BURNERMAN<br>3 <input type="checkbox"/> MFGD HOUSING DEALER MECHANIC<br>4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5 <input type="checkbox"/> PROPERTY OWNER<br>LICENSE # <u>0,06,9,4</u> |
|--|--|--|

| Number | Hook-Ups And Piping Relocation  | 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)            |
|        |   |        | Urinal                                |         | Sink                         |
|        | HOOK-UP to an existing subsurface wastewater disposal system  |        | Drinking Fountain                     |         | Wash Basin                   |
|        |   |        | 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                  |
|        | Hook-Ups (Subtotal)   | 3      | Other: 3" Roof Drains                 |         | Water Heater                 |
| \$     | Hook-Up Fee   | 3      | Fixtures (Subtotal) Column 2          |         | Fixtures (Subtotal) Column 1 |
|        |   |        |                                       | 3       | Fixtures (Subtotal) Column 2 |
|        |   |        |                                       | 3       | Total Fixtures               |
|        |   |        |                                       | \$ 9.00 | Fixture Fee                  |
|        |   |        |                                       | \$ .    | Hook-Up Fee                  |
|        |   |        |                                       | 9.00    | Total Fee                    |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

**PROPERTY ADDRESS**

Town Or Parcelion: **Portland, Maine**

Street Subdivision or #: **22 Bramhall St.**

**PROPERTY OWNERS NAME**

**Maine Medical Center**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

Applicant Name: **Scribner & Iverson, Inc.**

Mailing Address of Owner Applicant (if different): **P.O. Box 27  
Portland, Maine 04112**

(207) 289-3626

PORTLAND PERMIT # **1,364** TOWN COPY

*[Signature]* \$ \_\_\_\_\_  Double Fee Charged  
Local Plumbing Inspector Signature L.P.I. # \_\_\_\_\_

**Owner Applicant Statement**

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

*[Signature]* **11/4/85**  
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]* **DEC 1 1985**  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

|   |   |  |
|---|---|--|
| This Application is for<br>1 <input type="checkbox"/> NEW PLUMBING<br>2 <input type="checkbox"/> RELOCATED PLUMBING | Type Of Structure To Be Served:<br>1 <input type="checkbox"/> SINGLE FAMILY DWELLING<br>2 <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4 <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Hospital</u> | Plumbing To Be Installed By:<br>1 <input checked="" type="checkbox"/> MASTER PLUMBER<br>2 <input type="checkbox"/> OIL BURNERMAN<br>3 <input type="checkbox"/> MFGD HOUSING DEALER MECHANIC<br>4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5 <input type="checkbox"/> PROPERTY OWNER |
|   | NOV 4 1985  | LICENSE # <u>0, 0, 69, 4</u>   |

| Number | Hook-Ups And Piping Relocation  | 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)         |
| 2      |   | Floor Drain                         |                              | Shower (Separate)     |                              |
|        |   | Urinal                              | 3                            | Sink                  |                              |
|        | HOOK-UP to an existing subsurface wastewater disposal system  |                                     | Drinking Fountain            | 1                     | Wash Basin                   |
| 4      |   | Indirect Waste                      |                              | Water Closet (Toilet) |                              |
|        |   | Water Treatment Softener Filter etc |                              | Clothes Washer        |                              |
|        |   | Grease Oil Separator                | 1                            | Dish Washer           |                              |
|        | PIPING RELOCATION of sanitary lines, drains and piping without new fixtures.  |                                     | Dental Cuspidor              |                       | Garbage Disposal             |
|        |   | Bidet                               |                              | Laundry Tub           |                              |
|        |   | Other: <u>Roof drain</u>            |                              | Water Heater          |                              |
|        | Hook-Ups (Subtotal)   | 1                                   |                              |                       |                              |
| \$     | Hook-Up Fee   |                                     | Fixtures (Subtotal) Column 2 | 5                     | Fixtures (Subtotal) Column 1 |
|        |   |                                     |                              | 7                     | Fixtures (Subtotal) Column 2 |
|        |   |                                     |                              | 12                    | Total Fixtures               |
|        |   |                                     |                              | \$ 34.                | Fixture Fee                  |
|        |   |                                     |                              | \$                    | Hook-Up Fee                  |
|        |   |                                     |                              | \$34.                 |                              |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

55

APPLICATION FOR PERMIT

PERMIT ISSUE

B.O.C.A. USE GROUP .....
B.O.C.A. TYPE OF CONSTRUCTION ..... 001448

DEC 12 1985

ZONING LOCATION ..... PORTLAND, MAINE Dec. 6, 1985 City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

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

LOCATION ..... 22 Bramhall Street - Basement 1970 Bldg. .... Fire District #1  #2

1. Owner's name and address ..... Maine Medical Center - same ..... Telephone 871-0111

2. Lessee's name and address ..... (Jack Haskell) ..... 1140 Telephone Portland 04104

3. Contractor's name and address ..... F. W. Cunningham & Sons - P.O. Box 1140 Telephone 773-0246

..... No. of sheets .....

Proposed use of building ..... Hospital ..... No. families .....

Last use ..... same ..... No. families .....

Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....

Other buildings on same lot .....

Estimated contractual cost \$ 80,000.00 Appeal Fees \$ .....

FIELD INSPECTOR—Mr. .... Base Fee .....

@ 775-5451

Late Fee .....

Renovations to the autopsy room, as per plans. TOTAL \$ 420.00

Stamp of Special Conditions

ISSUE PERMIT TO #3

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ... yes Is any electrical work involved in this work? ... yes

Is connection to be made to public sewer? ... If not, what is proposed for sewage? ...

Has septic tank notice been sent? ... Form notice sent? ...

Height average grade to top of plate ... Height average grade to highest point of roof ...

Size, front ... depth ... No. stories ... solid or filled land? ... earth or rock? ...

Material of foundation ... Thickness, top ... bottom ... cellar ...

Kind of roof ... Rise per foot ... Roof covering ...

No. of chimneys ... Material of chimneys ... of lining ... Kind of heat ... fuel ...

Framing Lumber—Kind ... Dressed or full size? ... Corner posts ... Sills ...

Size Girder ... Columns under girders ... Size ... Max. on centers ...

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor ... 2nd ... 3rd ... roof ...

On centers: 1st floor ... 2nd ... 3rd ... roof ...

Maximum span: 1st floor ... 2nd ... 3rd ... roof ...

If one story building with masonry walls, thickness of walls? ... height? ...

IF A GARAGE

No. cars now accommodated on same lot ... to be accommodated ... numbe. commercial cars to be accommodated ...

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? ...

APPROVALS BY: DATE MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER ... Will work require disturbing of any tree on a public street? N/A

ZONING: ...

BUILDING CODE: ... Will there be in charge of the above work a person competent

Fire Dept.: ... to see that the State and City requirements pertaining thereto

Health Dept.: ... are observed? yes

Others: ...

Signature of Applicant ... Phone # ...

Type Name of above Clarence Blanchard for F. W. 1  2  3  4

Cunningham & Sons & Maine Med. Other ...

and Address .....

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

**MBRO**

A Division Of McCarthy Brothers Company  
1341 North Rock Hill Road St. Louis, MO 63124  
(314) 968-0825

**MCCARTHY**

MCCARTHY BROTHERS CONSTRUCTION COMPANY  
A Division Of McCarthy Brothers Company  
P.O. Box 20036, Brentwood Station  
St. Louis, MO 63144 (314) 968-3300

**MEMO FOR ACTION**

FILE NO. \_\_\_\_\_

DATE 21 JANUARY 1985

FROM: TONY GALIETA

TO THIS PERSON FOR ACTION MURDRELL LEAHY (CITY OF PORTLAND BLDG INSPECTION DEPT)  
TO THESE PEOPLE FOR INFORMATION LLOYD, OWNER, JOB FILE

IS A REPLY NEEDED? YES  NO

JOB NO. 576

SUBJECT: CERTIFICATE OF OCCUPANCY FOR L.L. BEANS BLDG  
MAINE MEDICAL CENTER

THIS WILL CONFIRM OUR TELLON IN REFERENCE TO  
THE ABOVE. YOU ADVISED ME THAT YOUR OFFICE  
WAS CURRENTLY PREPARING THE CERTIFICATE FOR  
THE FOLLOWING AREAS

- (A) 4TH BSUNT - MINUS COOL/CHILL (AREA TO BE INSPECTED FEB 6/85)
- (B) BSUNT LEVEL
- (C) GROUND FLR EAST - (O.R. SUPPORT, BURW, DIALYSIS)  
GROUND FLOOR WEST AND ELEVATOR TOWER

INSPECTION TENTATIVELY SET FOR FEB 4<sup>th</sup> 1985

Signed: [Signature]

REPLY: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_



## CITY OF PORTLAND

DEPARTMENT OF URBAN DEVELOPMENT  
BUILDING INSPECTION DIVISION

November 9, 1982

Maine Medical Center  
22 Bramhall Street  
Portland, Maine

Dear Sirs:

Your application for a building permit to construct foundation only at 22 Bramhall Street, Portland, Maine is being issued with the following requirement:

1. All foundation systems shall be erected as per Article 10 of the 1981 BOCA Basic Building Code where applicable. (Also, See City of Portland, Maine amendments to Municipal Code Chapter 301) (Building Code)

If you have any questions on this requirement, please don't hesitate to call my office.

Sincerely,

P. Samuel Hoffses  
Chief of Inspection Services

PSH/ulb

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION

01011

R-6 PORTLAND, MAINE

NOV 10 1982

March 11, 1982

CITY OF PORTLAND

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

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

LOCATION 22. Bramhall Street Fire District #1  #2

1. Owner's name and address Maine Medical Ctr. - same Telephone 791-0111

2. Lessee's name and address Telephone

3. Contractor's name and address Owner Telephone

Proposed use of building hospital No. of sheets

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 667,000 Appeal Fees \$ 25.00

FIELD INSPECTOR—Mr. @ 775-5451 Base Fee 3,345.00

Foundation only, major site plan review

Late Fee site Plan Review

TOTAL \$ 50.00

Appeal sustained 4-15-82

Stamp of Special Conditions

This appeal... legal fee

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

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

IF A GARAGE

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

APPROVALS BY: DATE

MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER

Will work require disturbing of any tree on a public street?

ZONING: O.R. M.G.W. 10/10/82

BUILDING CODE:

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

Fire Dept:

Health Dept:

Others

Signature of Applicant Phone # same

Type Name of above Maine Medical Center 1 2 3 4

sent in by mail

Other and Address



01426



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED

NOV 9 1984

Portland, Maine, Nov. 9, 1984

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 22 Bramhall St. Use of Building old section- main boiler room No. Stories New Building Existing 'xx'
Name and address of owner of appliance Maine Medical Center - same
Installer's name and address James Cox - P. O. Box 2316 Enfield, Me. Telephone 06082

General Description of Work

To install burner replacement

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? Kind of fuel?
If so, how protected? Minimum distance to burnable material, from top of appliance or casing top of furnace
From top of smoke pipe From front of appliance From sides or back of appliance
Size of chimney flue Other connections to same flue
If gas fired how vented? Rated maximum demand per hour
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Haber - xgum register type labelled by underwriters' laboratories? yes
Will operator be always in attendance? yes Does oil supply line feed from top or bottom of tank? bottom
Type of floor beneath burner concrete Size of vent pipe 1 1/2"
Location of oil storage xxxxxxxx underground Number and capacity of tanks
Low water shut off yes Make Reliance No
Will all tanks be more than five feet from any flame? Yes How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? Height of Legs, if any
If so, how protected? Skirting at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smoke pipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 15.00

APPROVED:

[Signature]

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

5

Signature of Installer James Cox 2828
APPLICANT'S ASSESSOR'S COPY

CS 30r

INSPECTION FILE