

66-68 BRAMHALL STREET

SHAW-WALKER

Call cut #920P Half cu #920.2 Third cu. #9203H Fifth cu. #92



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Sept. 2, 1981, 19
Receipt and Permit number A 73108

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: 66 Bramhall St.
OWNER'S NAME: Maine Medical ADDRESS: _____

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 100 10.00

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL 75 9.50
Strip Fluorescent _____ ft.

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes 400 6.00
METERS: (number of) 150
MOTORS: (number of) Fractional _____
1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
Oil or Gas (by separate units) _____
Electric Under 20 kws _____ Over 20 kws X 10.00

APPLIANCES: (number of) Ranges _____ Water Heaters 1 1.50
Cook Tops _____ Disposals _____
Wall Ovens _____ Dishwashers _____
Dryers _____ Compactors _____
Fans _____ Others (denote) _____
TOTAL _____

MISCELLANEOUS: (number of) Branch Panels 8 8.00
Transformers 4 8.00
Air Conditioners Central Unit _____
Separate Units (windows) _____

Signs 20 sq. ft. and under _____
Over 20 sq. ft. _____
Swimming Pools Above Ground _____
In Ground _____

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 1 5.00

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: 58.50
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: 58.50
TOTAL AMOUNT DUE: 58.50

INSPECTION: Will be ready on _____, 19____; or Will Call _____
CONTRACTOR'S NAME: Mancini Elec.
ADDRESS: 179 Sheridan St.
TEL.: 774-5829
MASTER LICENSE NO.: on file
LIMITED LICENSE NO.: _____
SIGNATURE OF CONTRACTOR: C. Mancini

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

CERTIFICATE OF APPROVAL FOR INTERNAL PLUMBING

TOWN/CITY CODE 05170 LPI NUMBER 00123 THE TOWN/CITY OF Portland

DATE ISSUED 12/28/81 54063 IC

Installer's Name LAUREL Last Name LAUREL F.I.M.I. 12

Owner Shirley Address 641-21-12nd St Subdivision 12

St./Lot Number 641-21-12nd St (Location where plumbing was done and inspected)

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING RULES.

TOWN'S COPY

Signature of LPI [Signature]
Date Inspected 12/28/81 DEC 23 1981

INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF

Town/City Code 05170 LPI Number 00123 DATE ISSUED 12/28/81 54063 IP

Address of Where Plumbing is Done BRANDY St./Lot Number 12 Street/Road Name 12 Subdivision 12

Name of Owner APPL Last Name APPL F.I.M.I. 12 Mailing Address 12 Zip Code 12

Type of Construction: 1. New ☒ 2. Remodeling ☐ 3. Addition ☐ 4. Remodeling & Addition ☐ 5. Replacement of Hot Water Heater ☐ 6. Hook-up of Mobile Home ☐ 7. Hook-up of Modular Home ☐ 8. Other (Specify) ☐

Plumbing To Serve: 1. Single (Res) ☐ 2. Multi-Fam (Res) ☐ 3. Mobile Home ☐ 4. Modular Home ☐ 5. Commercial ☐ 6. School ☐ 7. Other (Specify) ☐

Number of Fixtures or Hook-Ups: Sink(s) 1 Toilet(s) 1 Bathtub(s) ☐ Lavatory(s) 1 Shower(s) ☐ Urinal(s) ☐

Clothes Washer(s) ☐ Dish Washer(s) ☐ Hot Water Heater(s) ☐ Floor Drain(s) ☐ Hook-Up(s) ☐

Fixture Fee 57.00 Hook-Up Fee 00.00 Total Fee 57.00 If Double Fee Check Box ☐

Signature of LPI [Signature]

SEP 2 1981
JUN 2 1981
JUL 12 1981
JUL 21 1981
AUG 7 1981
MAY 2 1981
OCT 28 1980
DEC 4 1981

IMPORTANT: Note the following conditions:
1. This Permit is non-transferable to another person or party.
2. If construction has not been completed within 6 months from the Date of Issue, this Permit becomes invalid.

Dept. of Human Services
Dir. of Health Engineering



APPLICATION FOR PERMIT

PERMIT ISSUED

NOV 23 1981

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 001251
ZONING LOCATION R-6 PORTLAND, MAINE, ..Nov.. 20.. 1981

CITY OF PORTLAND

To the DIRECTOR 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 66 Bramhall St. Fire District #1 ☐ #2 ☐
1. Owner's name and address Maine Cardiology Assoc. - Bowdoin St. Telephone
2. Lessee's name and address Telephone
3. Contractor's name and address L. A. Profenno Co. - 45 Curtis Rd. Telephone 797-3736
4. Architect Specifications Plans No. of sheets
Proposed use of building No. families
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot Fee \$.. 25.00
Estimated contractual cost \$..

FIELD INSPECTOR—Mr. Leamy
This application is for: 775-5451
Ext. 234

GENERAL DESCRIPTION

To install 500 gal. underground diesel storage tanks as per plans. 1 sheet of plans.
Stamp of Special Conditions

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

PERMIT IS TO BE ISSUED TO 1 ☐ 2 ☐ 3 ☒ 4 ☐
Other:

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof 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 height?
If one story building with masonry walls, thickness of walls?

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:

BUILDING INSPECTION—PLAN EXAMINER
ZONING: O.K.
BUILDING CODE
Fire Dept.
Health Dept.
Others:

DATE

MISCELLANEOUS

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

Signature of Applicant

Type Name of above L. A. Profenno Co.
Louis Profenno

Phone #... same

Other

and Address

FIELD INSPECTOR'S COPY

5

CONTRACTOR GENERAL - PROFITING CONST. CO
MECHANICAL CONTRACTOR - L.A. PROFITING CO INC

11/20/81

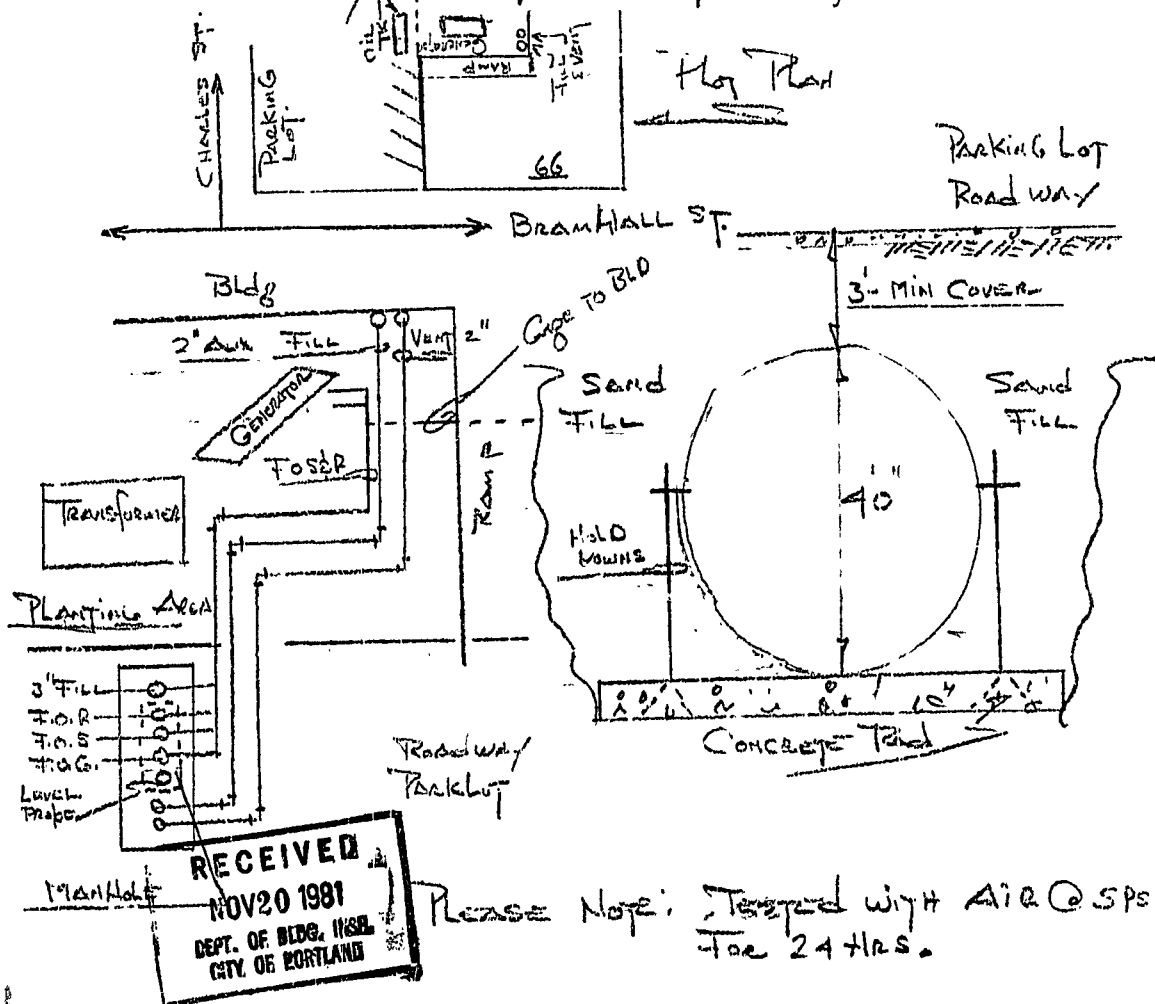
500 GAL. UNDERGROUND STORAGE TANK
TANK 6' LENGTH 4' DIAMETER 2-HOLD DOWNS

LOCATION: CHARLES STREET

BUILDING ADDRESS 66 BRANHALL ST PORT. ME.

PURPOSE: DIESEL OIL STORAGE TANK FOR EMERGENCY / GEN.

USER: KIDNEY / DIALYSIS CENTER OF PORTLAND ME.





APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

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: 66 Bramhall St.
OWNER'S NAME: Sam Profenno ADDRESS: _____

Date June 18, 19 81
Receipt and Permit number A67273

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	FEE\$ _____
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
SERVICES:	Strip Flourescent _____	ft. _____			
METERS: (number of)	Overhead _____	Underground _____	Temporary x _____	TOTAL amperes 60	3.00
MOTORS: (number of)	Fractional _____				.50
	1 HP or over _____				
RESIDENTIAL HEATING:	Oil or Gas (number of units) _____				
	Electric (number of rooms) _____				
COMMERCIAL OR INDUSTRIAL HEATING:	Oil or Gas (by a main boiler) _____				
	Oil or Gas (by separate units) _____				
	Electric Under 20 kws _____	Over 20 kws _____			
APPLIANCES: (number of)	Ranges _____	Water Heaters _____			
	Cook Tops _____	Disposals _____			
	Wall Ovens _____	Dishwashers _____			
	Dryers _____	Compactors _____			
	Fans _____	Others (denote) _____			
TOTAL _____					
MISCELLANEOUS: (number of)	Branch Panels _____				
	Transformers _____				
	Air Conditioners Central Unit _____				
	Separate Units (windows) _____				
	Signs 20 sq. ft. and under _____				
	Over 20 sq. ft. _____				
	Swimming Pools Above Ground _____				
	In Ground _____				
	Fire/Burglar Alarms Residential _____				
	Commercial _____				
	Heavy Duty Outlets, 220 Volt (such as welders) 30 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: _____				3.50

INSPECTION: Will be ready on _____, 19 ____; or Will Call xx
CONTRACTOR'S NAME: Mancini Electric
ADDRESS: 179 Sheridan St.
TEL.: _____
MASTER LICENSE NO.: on file
LIMITED LICENSE NO.: _____
SIGNATURE OF CONTRACTOR: *Carmine Mancini*

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

CERTIFICATE OF APPROVAL FOR INTERNAL PLUMBING

THE TOWN/CITY OF Portland

TOWN/CITY CODE
05170

LPI NUMBER
00123

DATE ISSUED
11/10/80
Month Day Year

50014 IC

Installer Name: FERBER COMPANY
Last Name F.I. M.I.

Owner: Mr. Geraldine Green
Address: 66 Bramhall Street
St./Lot Number Street, Road Name Subdivision
(Location where plumbing was done and inspected)

Installer Code
2

- Certificate of App. Number
1. Owner
 2. Licensed Master Plumber
 3. Licensed Oil Burnerman
 4. Employee of Public Utility
 5. Manufactured Housing Dealer
 6. Manufactured Housing Mechanic
 7. Limited License

THE INTERNAL PLUMBING INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN TESTED IN MY PRESENCE, FOUND TO BE FREE FROM LEAKS, AND WAS INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE PLUMBING RULES.

Ernest R. Goodwin

OWNER'S COPY

Signature of LPI: JAN 28 1981

Date Inspected

INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF Portland

Town/City Code 05170 LPI Number 00123 Date Issued 11/10/80 INSTALLER'S 712 50014 IP

Address of Where Plumbing Is Done: 66 BRAMHALL STREET
St./Lot Number Street/Road Name Subdivision

Name of Owner: MR. GERALDINE GREEN
Last Name F.I. M.I. Mailing Address Zip Code

Installer Code
2

- PERMIT NUMBER
1. Owner
 2. Licensed Master Plumber
 3. Licensed Oil Burnerman
 4. Employee of Public Utility
 5. Manufactured Housing Dealer
 6. Manufactured Housing Mechanic
 7. Limited License

Type of Construction	1. New	3. Addition	5. Replacement of Hot Water Heater	7. Hook-up of Modular Home
	2. Remodeling	4. Remodeling & Addition	6. Hook-up of Mobile Home	8. Other (Specify) <u>7</u>
Plumbing To Serve	1. Single (Res)	3. Mobile Home	5. Commercial	7. Other (Specify) <u>3</u>
	2. Multi-Fam (Res)	4. Modular Home	6. School	
Number of Fixtures or Hook-Ups	Sink(s) <u>3</u>	Toilet(s) <u>6</u>	Bathtub(s) <u>1</u>	Lavatory(s) <u>1</u>
	Clothes Washer(s) <u>1</u>	Dish-Washer(s) <u>1</u>	Hot Water Heater(s) <u>1</u>	Floor Drain(s) <u>1</u>
			Shower(s) <u>1</u>	Urinal(s) <u>1</u>
			Hook-Up(s) <u>1</u>	

TOWN'S COPY
DEC 18 1980
DEC 31 1980
JAN 15 1981

IMPORTANT: Note the following conditions
1. This Permit is non-transferable to another person or party.
2. If construction has not started within 6 months from the Date of Issue, this Permit becomes invalid.

Dept. of Human Services
Div. of Health Engineering

Signature of LPI

Fixture Fee 58.00
Hook-Up Fee 00.00
Total Fee 58.00
If Double Fee Check Box ☐



APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION

PORTLAND, MAINE, Nov. 10, 1980

PERMIT ISSUED

SEP 11 1981

CITY of PORTLAND

To the DIRECTOR 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 66 Bramhall Street

1. Owner's name and address Maine Cardology Assoc. - Bowdoin St. Telephone

2. Lessee's name and address

3. Contractor's name and address Coastal Securities Systems - 626 Telephone 772-1171

Architect

Proposed use of building doctors offices

Last use vacant

Material

Other buildings on same lot

Estimated contractual cost \$ 4,000

Fee \$ 19.00

FIELD INSPECTOR--Mr.

GENERAL DESCRIPTION

This application is for: @ 775-5451

Dwelling Ext. 234

Garage

Masonry Bldg.

Metal Bldg.

Alterations

Demolitions

Change of Use

Other

To install Fire -Burgulary Instrumnt
Fire Alarm & smoke detector system.

Stamp of Special Conditions

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

PERMIT IS TO BE ISSUED TO 1 ☐ 2 ☐ 3 ☒ 4 ☐

Other:

DETAILS OF NEW WORK

Is any plumbing involved in this work?

Is connection to be made to public sewer?

Has septic tank notice been sent?

Height average grade to top of plate

Size, front

Material of foundation

Kind of roof

No. of chimneys

Framing Lumber--Kind

Size Girder

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

On centers: 1st floor

Maximum span: 1st floor

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

IF A GARAGE

No. cars now accommodated on same lot

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

APPROVALS BY: DATE

BUILDING INSPECTION--PLAN EXAMINER

ZONING:

BUILDING CODE:

Fire Dept.:

Health Dept.:

Others:

MISCELLANEOUS

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

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

Signature of Applicant *Michael Michaud* Phone # ... same

Type Name of above Coastal Securities Systems 1 ☐ 2 ☐ 3 ☒ 4 ☐

Other

FIELD INSPECTOR'S COPY

5

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION 66 Bramhall Street

Date of Issue March 12, 1982

Issued to Leroy Applebee

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 81/393, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Limiting Conditions: Basement & right hand side
of 1st floor

Kidney dialysis

This certificate supersedes
certificate issued

Approved:

3-15

(Date)

Inspector

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

James P. Sullivan
Inspector of Buildings



APPLICATION FOR PERMIT

PERMIT ISSUED

MAY 13 1981

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION

PORTLAND, MAINE, ... April 2, 1981

CITY of PORTLAND

To the DIRECTOR 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 .66 Bramhall Street

1. Owner's name and address ~~Edward Applebee~~ Leroy Applebee - Fire District #1 ☐ #2 ☐

2. Lessee's name and address 52 Summitt Street Telephone

3. Contractor's name and address Profenno Construction- 2012 Forest Ave Telephone 797-5095

4. Architect Specifications Plans .04103 No. of sheets

Proposed use of building professional bldg. No. families

Last use same No. stories Heat Style of roof Roofing 902.00

Material No. stories Heat Style of roof Roofing 902.00

Other buildings on same lot Estimated contractual cost \$ 200,000

FIELD INSPECTOR—Mr. 200,000

This application is for: @ 775-5451 Ext. 234

Dwelling Garage Masonry Bldg. Metal Bldg. Alterations Demolitions Change of Use Other

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

PERMIT IS TO BE ISSUED TO 1 ☐ 2 ☐ 3 ☒ 4 ☐

Other: DETAILS OF NEW WORK

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

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

Has septic tank notice been sent? Form notice sent?

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

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

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering Kind of heat fuel

No. of chimneys Material of chimneys of lining

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 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

BUILDING INSPECTION—PLAN EXAMINER

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

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.: *James P. Pappas*

Health Dept.: Signature of Applicant *Samuel Profenno* Phone # same

Others: Type Name of above Profenno Construction 1 ☐ 2 ☐ 3 ☒ 4 ☐

FIELD INSPECTOR'S COPY Samuel Profenno Other and Address

5

NOTES

5-19-81 Work has started on the dialysis unit on the basement section of building.

6-4-81 Work has started on waste lines by hydro-jacking in basement.

8-4-81 Work is in progress on the basement unit.

8-21-81 Work has stopped on this unit. There is a problem with the main sewer line backing up during heavy rain.

10-6-81 Work is in progress on the exterior of basement. The ground floor has the sheet rock rough.

10-16-81 Work has slowed down considerably in the wall area being put up.

12-10-81 Work is continuing on the remainder of the building. The framing is up all the way down.

2-17-82 Work is old finished on the first floor area. No completion.

3-12-82 Work has all been completed everything checks out OK. Sent a CBO.

Permit No. 81-393
Location 645 Campbell St.
Owner James Campbell
Date of permit 1/18/81
Approved 5-13-81

[Two large sections of lined paper, each with a large 'X' drawn through it, indicating they are unused or crossed out.]



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

OCT 29 1980

ZONING LOCATION

PORTLAND, MAINE, ... Oct. 21, 1980

CITY OF PORTLAND

To the DIRECTOR 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 ... 66 Chamberlain Street

... 131. Charwick St.

... P. P. G. C. H. Murray

... Fire District #1 ☐, #2 ☐

1. Owner's name and address ... Telephone ...

2. Lessee's name and address ... Telephone ...

3. Contractor's name and address ... Telephone ...

4. Architect ... Specifications ... Plans ... No. of sheets ...

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

Fast use ... No. families ...

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

Other buildings on same lot ...

Estimated construction cost \$ 150,000 ...

Fee \$ 677.00

FIELD INSPECTOR—Mr. ... Margo

GENERAL DESCRIPTION

This application is for:

@ 775-5451

Dwelling ... Ext. 234

Garage ...

Masonry Bldg. ...

Metal Bldg. ...

Alterations ...

Demolitions ...

Change of Use ...

Other ...

To complete alterations to interior of building as per plans, no structural sheets of plans.

Stamp of Special Conditions

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

PERMIT IS TO BE ISSUED TO 1 ☐ 2 ☐ 3 ☐ 4 ☐

Other:

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 ... 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:

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 ...

Type Name of above ... F. P. G. C. H. Murray ...

Elmer Murray

Other ...

and Address

OFFICE FILE COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

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:

Date Dec. 1 19 80
Receipt and Permit number A 59646

LOCATION OF WORK:
OWNER'S NAME: Roy Applebee

ADDRESS: 66 Bramhall St.
Me. Cardology Bldg.

OUTLETS:

Receptacles

Switches

Plugmold

ft. TOTAL 87

FIXTURES: (number of)

Incandescent

Flourescent

(not strip) TOTAL 58

73

SERVICES:

Overhead

Underground

Temporary

TOTAL amperes

METERS: (number of)

MOTORS: (number of)

Fractional

1 HP or over

RESIDENTIAL HEATING:

Oil or Gas (number of units)

Electric (number of rooms)

COMMERCIAL OR INDUSTRIAL HEATING:

Oil or Gas (by a main boiler)

Oil or Gas (by separate units)

Electric Under 20 kws

APPLIANCES: (number of)

Ranges

Cook Tops

Wall Ovens

Dryers

Fans

TOTAL

MISCELLANEOUS: (number of)

Branch Panels

Transformers

Air Conditioners

Central Unit

Separate Units (windows)

Signs 20 sq. ft. and under

Over 20 sq. ft.

Swimming Pools Above Ground

In Ground

Fire/Burglar Alarms Residential

Commercial

Heavy Duty Outlets, 220 Volt (such as welders)

30 amps and under

over 30 amps

Circus, Fairs, etc.

Alterations to wires

Repairs after fire

Emergency Lights, battery

Emergency Generators

ADDITIONAL WORK NOT ON ORIGINAL PERMIT

REMOVAL OF A "STOP ORDER" (304-16.b)

INSTALLATION FEE DUE:

DOUBLE FEE DUE:

TOTAL AMOUNT DUE:

25.50

SIGNATURE OF CONTRACTOR:

INSPECTOR'S COPY - WHITE

OFFICE COPY - CANARY

CONTRACTOR'S COPY - GREEN

DATE: Dec. 1 19 80

TIME: 10:00 AM

PLACE: Portland, Maine

PROJECT: Me. Cardology Bldg.

PERMIT NO.: 3279

CONTRACTOR: Eastern Electric

ADDRESS: P. O. Box 346

PHONE NO.: 3279



APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION B-2 PORTLAND, MAINE, Oct. 19, 1979

PERMIT ISSUED

OCT 19 1979

CITY OF PORTLAND

To the DIRECTOR 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 66 Bramhall Street Fire District #1 ☐ #2 ☐
1. Owner's name and address Leroy Applebee - 52 Summit Street Telephone 797-7335
2. Lessee's name and address Telephone
3. Contractor's name and address Bailey Sign - Thompsons Point Telephone 774-2843
4. Architect P. O. Box 761 04104 Specifications Plans No. of sheets
Proposed use of building medical bldg. - sign No. families
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot Fee \$ 11.50
Estimated contractual cost \$

FIELD INSPECTOR—Mr. Marge GENERAL DESCRIPTION

This application is for:

@ 775-5451
Ext. 234

To erect 3 x 4 1/2 ft. ^{double} pole sign as per plans. 1 sheet of plans.

Stamp of Special Conditions

Dwelling
Garage
Masonry Bldg.
Metal Bldg.
Alterations
Demolitions
Change of Use
Other pole sign

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

PERMIT IS TO BE ISSUED TO 1 ☐ 2 ☐ 3 ☒ 4 ☐

Other:

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof 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 ... 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

BUILDING INSPECTION—PLAN EXAMINER

ZONING: OK M.R.C. 10/19/79

BUILDING CODE:

Fire Dept.:

Health Dept.:

Others:

MISCELLANEOUS

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

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

Signature of Applicant

Type Name of above

Bailey Sign Co.

Phone # same

1 ☐ 2 ☐ 3 ☒ 4 ☐

Other
and Address

FIELD INSPECTOR'S COPY

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: 62 BRANFILL ST.

Subdivision Lot #:

PROPERTY OWNERS NAME

Last: MAIRE First: CARDINAL

Applicant Name: DAVE KERRIS

Mailing Address of Owner/Applicant (if different): Box 637 PORTLAND

Department of Human Services
Division of Health Engineering
(207) 289-3824

PORTLAND

PERMIT # 1,659 TOWN COPY

Local Plumbing Inspector Signature: [Signature] L.P.I. #

FEE: \$ Double Fee 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: 4-4-86

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: Date Approved: MAY 1 - 1986

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING

2. ☒ RELOCATED PLUMBING

APR 7 1986

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING

2. ☐ MODULAR OR MOBILE HOME

3. ☐ MULTIPLE FAMILY DWELLING

4. ☒ OTHER - SPECIFY: maniculation

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 # 122,117

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	0, 3	Wash Basin
		0, 1	Indirect Waste	0, 1	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)		Other: <u></u>		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	0, 4	Fixtures (Subtotal) Column 1
				0, 1	Fixtures (Subtotal) Column 2
				0, 5	Total Fixtures
				\$ 15.	Permit Fee
				\$	Permit Fee (Total)
				\$ 15.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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

TOWN COPY



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

Issued to **Maine Cardiology**

66 Bramhall Street
Date of Issue

June 19, 1986

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. **86-168**, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

First floor

Office Space

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

6/19/86
(Date)

Merlin Perry
Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION

66 Bramhall Street

Date of Issue

June 19, 1986

Issued to **Maine Cardiology**

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. **85-168**, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Office Space

First floor

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

00168

ZONING LOCATION

PORTLAND, MAINE Feb. 18, 1986

PERMIT ISSUED

FEB 20 1986

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 66 Bramhall Street

1. Owner's name and address Maine Cardiology assoc. - same

Fire District #1 ☐ #2 ☐

2. Lessee's name and address

Telephone 775-0443

3. Contractor's name and address

F. P. & C. H. Murray, Box 2530, So. Portland

Telephone 799-8136

Proposed use of building medical bldg.

No. of sheets

Last use same

No. families

Material

No. families

Other buildings on same lot

Roofing

Estimated contractual cost \$149,000

FIELD INSPECTOR—Mr.

@ 775-5451

Appeal Fees

\$

Base Fee

765.00

Late Fee

TOTAL

\$

To make interior renovations to existing medical building as per plans. 10 sheets of plans.

Stamp of Special Conditions

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? existing. 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 ... Kind of heat ... fuel ...
 No. of chimneys ... Material of chimneys ... of lining ... Corner posts ... Sills ...
 Framing Lumber—Kind ... Dressed or full size? ... Size ... Max. on centers ...
 Size Girder ... Columns under girders ... 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 ...
 Is 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:

BUILDING INSPECTION PLAN EXAMINER

ZONING

BUILDING CODE

Fire Dept

Health Dept

Others

DATE

MISCELLANEOUS

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

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

Signature of Applicant

Ed Murray

Phone #

54446

NOTES

3-20 84. Training has been
completely a theological one.
The skill work with the
Vick on poetry, there is the
Mangrove theological being well
on.

6-5-61. Call to the President
The President (Mr. J. F. Kennedy)

Iteration

Medical History

Garafe

Dwellings

Approved

Date of permit

5/15/2000

Quint

Location

6970

Permit No. 2118

3

100

1. The first part of the text is a list of references. The references are as follows:

2

—

10

— 2 —

10

Journal of Management Studies, 36(7), 809-826.

—

11

1990

Figure 6

100

1990

100



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date March 19, 1986
Receipt and Permit number D 23288

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: 66 Bramhall St.

OWNER'S NAME: Me. Cardiology

ADDRESS: same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-30</u>	<u>3.00</u>
FIXTURES: (number of) Incandescent _____ Fluorescent <u>X</u> (not strip) TOTAL <u>20</u>	<u>4.00</u>
Strip Fluorescent _____ ft.	
SERVICES: Overhead <u>existing service</u> splitting 3 phase Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	<u>3.00</u>
METERS: (number of) _____	
MOTORS: (number of) Fractional _____ 1 HP or over _____	
RESIDENTIAL HEATING: Oil or Gas (number of units) _____ Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____ Oil or Gas (by separate units) _____ Electric Under 20 kws <u>X</u> Over 20 kws _____	<u>5.00</u>
APPLIANCES: (number of) Ranges _____ Water Heaters _____ Cook Tops _____ Disposals _____ Wall Ovens _____ Dishwashers _____ Dryers _____ Compactors _____ Fans _____ Others (denote) _____ TOTAL _____	
MISCELLANEOUS: (number of) Branch Panels <u>1</u>	<u>1.00</u>
Transformers <u>1</u>	<u>2.00</u>
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 Vol: (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>	<u>1.00</u>
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: _____	<u>19.00</u>

INSPECTION:

Will be ready on _____, 19__; or Will Call X.

CONTRACTOR'S NAME: R D Electric

ADDRESS: 94 Allen Avenue

TEL.: 797-6195

MASTER LICENSE NO.: 2812

LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 23288

Location 6633rd St

Owner McCord's

Date of Permit 3-19-86

Final Inspection

By Inspector J. R. y

Permit Application Register Page No. 106

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 3-28-86 by Lilly

PROGRESS INSPECTIONS: 3-20-86 /

/ /

/ /

/ /

/ /

/ /

DATE:

REMARKS:

7/21/86

No Call for final inspection

Permit # **924312** CITY OF NEW LONDON BUILDING PERMIT APPLICATION Fee \$110 Zone _____ Map # _____ Lot # _____
Please fill out any part which applies to: _____ must accompany form.

Owner: Maine Cardiology Phone # _____
Address: 66 Bramhall St- Ptld, ME 04102
LOCATION OF CONSTRUCTION 66 Bramhall St.
Contractor: The Thaxter Co Sub: 774-5553
Address: 55 Bell St- Ptld, ME Phone # 04103
Est. Construction Cost: 18,000 Proposed Use: doctors' office w
Past Use: doctors' office
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 Construct handicapped ramp - 52'x5' -appx

For Official Use Only	
Date: <u>10/26/92</u>	Subdivision: _____
Inside Fire Limits: _____	Name: _____
High Code: _____	Ownership: <u>CITY OF NEW LONDON</u>
Time Limit: _____	Private: _____
Estimated Cost: <u>18,000</u>	
Zoning: <u>R6-B3</u>	
Street Frontage Provided: _____	
Provide: Setbacks: Front _____ Back _____ Side _____	
Review Required:	
Zoning Board Approval: Yes _____ No _____ Date: _____	
Planning Board Approval: Yes _____ No _____ Date: _____	
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____	
Shoreland Zoning: Yes _____ No _____ Floodplain Yes _____ No _____	
Special Exception _____	
Other: <u>WDA-11-6-92</u> (Explain)	

Foundation:
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____
Floor:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____
Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____
Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____
Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____ Date: 10-26-92
Chimneys:
Type: _____ Number of Fire Places _____ Signature: DC Meyer
Heating:
Type of Heat: _____
Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
Plumbing:
1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____
Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.
Permit Received By Louise E. Chase
Signature of Applicant Nick Kash Date 10-26-92
CEO's District 3 Mrs. Louie
CONTINUED TO REVERSE SIDE
Ivory Tag - CEO [3] Mrs Louie

White - Tax Assessor

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-0003, FAX: 874-8716

Location of Construction: 66 Bramhall St		Owner: Maine Cardiology Assoc		Phone:		Permit No. 960185 PERMIT ISSUED MAR 20 1996 CITY OF PORTLAND
Owner Address:		Leasee/Buyer's Name:		Business Name:		
Contractor Name: Neokraft Sign Co.		Address: 686 Main St Lewiston, ME 04240		Phone: 772-1544		
Past Use: Medical Building		Proposed Use: Same		COST OF WORK: \$ PERMIT FEE: \$ 35.32		
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group B Type: 30 Signature: <i>[Signature]</i>		Zone: 6-2 CBL: 54-B-6 Zoning Approval: <i>[Signature]</i> 3/20/96 Special Zoning Review: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Erect Signage (51.6 sq ft)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		
Permit Taken By: Mary Gresik		Date Applied For: 15 March 1996				

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

CERTIFICATION

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

SIGNATURE OF APPLICANT: *[Signature: Peter Murphy]* ADDRESS: _____ DATE: **15 March 1996** PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

3

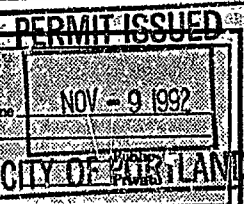
A. Simpson

924307

Permit # 924307 City of Portland BUILDING PERMIT APPLICATION Fee \$110 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Maine Cardiology Phone # _____
Address: 66 Bramhall St- Portland, ME 04102
LOCATION OF CONSTRUCTION Bramhall St.
Contractor: The Thaxter Co Sub: 774-5553
Address: 55 3rd St- Portland, ME Phone # 01103
Est. Construction Cost: 18,000 Proposed Use: doctors' office
Past Use: doctors' office
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: Construct handicapped ramp - 52' x 5'

For Official Use Only
Date 10/26/92
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost 18,000



Zoning: R6-B3
Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other: WASH - 11-6-92 (Explain)

Foundations:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof:

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

Chimneys:

1. Type: _____ Number of Fire Places _____

Heating:

1. Type of Heat: _____

Electrical:

1. 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 Sinks _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

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

Permit Received By Louise E. ChaseSignature of Applicant [Signature]Date 10-26-92City District 12

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

3 mas Low

White - Tax Assessor

PLOT PLAN

11/20- 11/20 OK
 12/2 12/2 about 12/20 OK
 12/30- Completed OK



FEES (Breakdown From Front)
 Base Fee \$ 116-
 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.

Adrian D. Smith Agent for Owner 878-5553
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

NDU-06-1992 13:23 FROM 0272351977377

TO 8748649 P.01

BUELL HEMINWAY & ASSOCIATES
11 94 Commercial Street
PORTLAND, MAINE 04101

LETTER OF TRANSMITTAL

(207) 772-8892

TO Bill Corbett
Portland Township
FAK 874-8649
3 PAGES INCLUDING THIS ONE

DATE	NOV 6 '92	JOB NO.	9105
ATTENTION			
RE:	666 BOSTON ST.		
	ZONING ISSUES		

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following item(s):

- ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐

COPIES	DATE	NO.	DESCRIPTION
1			POUCC PLAN 1"=50'
1			RAMP AND GENERATOR SITE PLAN

THESE ARE TRANSMITTED as checked below:

- ☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

Bill
RAMP: HANDICAP RAMP SETBACKS FROM FRONT YARD (R-6)
AND SIDE YARD (R-2) APPEAR TO BE
IN CONFORMANCE.

GENERATOR: SIDEYARD SETBACK OF GENERATOR ON
CONCRETE PAD WILL BE GREATER THAN 10'
SINCE IF GAS WILL BE USED AS FUEL SOURCE.
+ GENERATOR WILL BE MUCH SMALLER.
HOPE THIS ANSWERS YOUR QUESTIONS

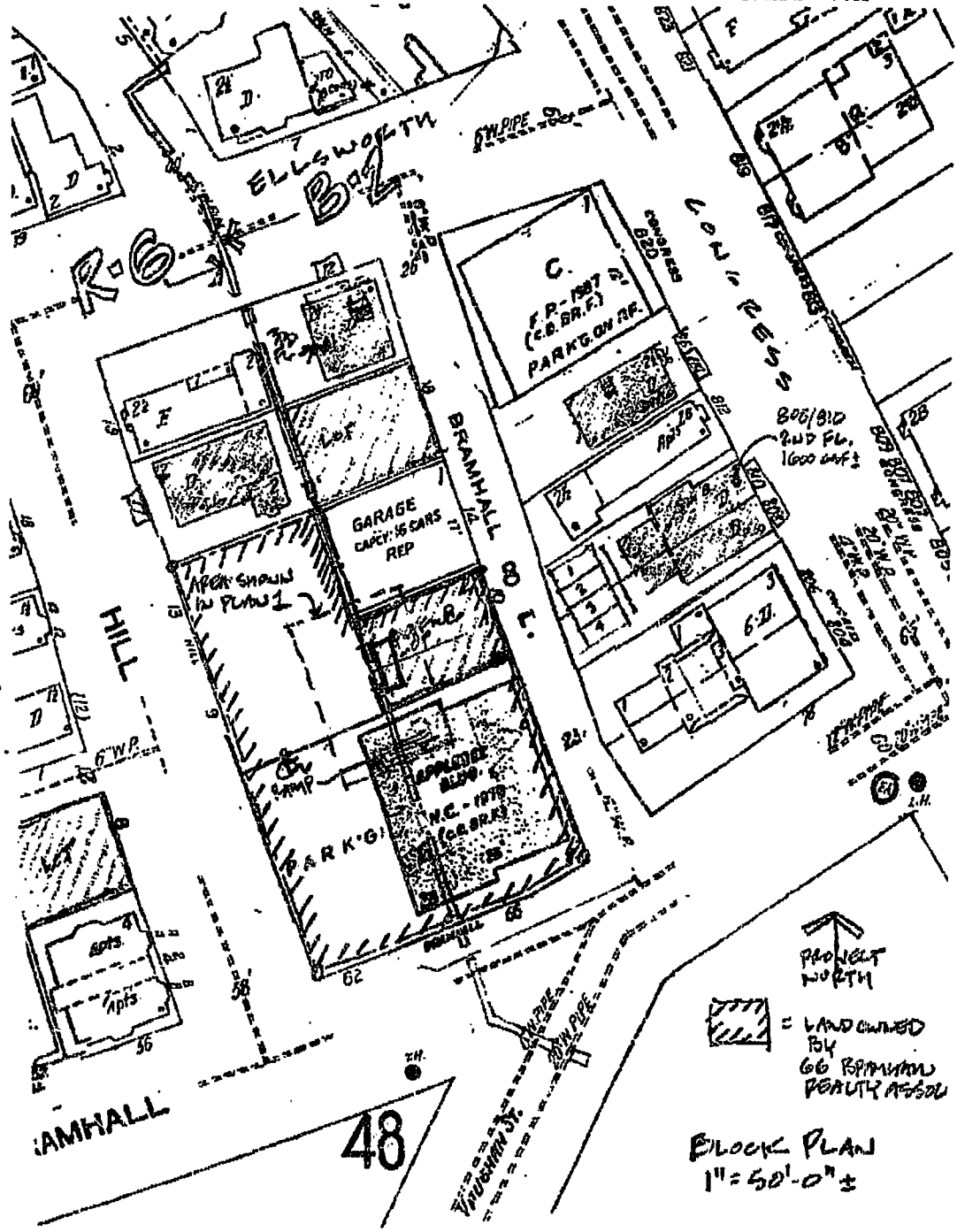
COPY TO FIVE 9105

SIGNED: POUCC

If enclosures are not as noted, kindly notify us at once.

NOV-06-1992 13:24 FROM 0272351977377

TO 8748649 P.03



BLOCK PLAN
1" = 50'-0" ±

Proposal has been completed and reviewed by a third party of CITY's choice, or after February 1, 1993, whichever date is earlier.

The following is the completion of Paragraph 5:

5. If the ARCHITECT is required to make material changes to this schematic design as a result of a review of the Lawrence Kirkegaard Proposal, ARCHITECT shall be compensated for these additional services at the following rates: Winton Scott, George Isenour, and Douglas Richmond at \$85.00 per hour, associated registered architects at a rate of \$50.00 - \$60.00 per hour and unregistered professional staff at \$40.00 per hour. In addition, ARCHITECT and necessary consultants will be reimbursed for ordinary expenses and travel expenses.

City of Portland, Maine - Building or Use Permit Application 389 Congress Street Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 66 Bramhall St		Owner: Maine Cardiology Assoc		Phone:	Permit No: 960185
Owner/Address:		Lease/Buyer's Name:		Phone:	Business Name:
Contractor Name: Beckraft Sign Co.		Address: 686 Main St Lewiston, ME 04240		Phone: 774-1544	
Past Use: Medical Building		Proposed Use: Same		COST OF WORK: \$	PERMIT FEE: \$ 35.12
Proposed Project Description: Erect Signage (51.6 sq ft)		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group 3 Type 3 Signature: <i>[Signature]</i>	
		Signature:		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning: CEB Zoning Approval: 3/20/96 Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

Permit Taken By: **Mary Grosik** Date Applied For: **15 March 1996**

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

CERTIFICATION

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

SIGNATURE OF APPLICANT *[Signature]* **Peter Murphy** ADDRESS: DATE: **15 March 1996** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED
Permit Issued:
MAR 20 1996

CITY OF PORTLAND

Zoning Appeal
☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied

Historic Preservation
☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review

Action:
☐ Approved ☐ Approved with Conditions ☐ Denied

Date: **3/16/96**
[Signature]

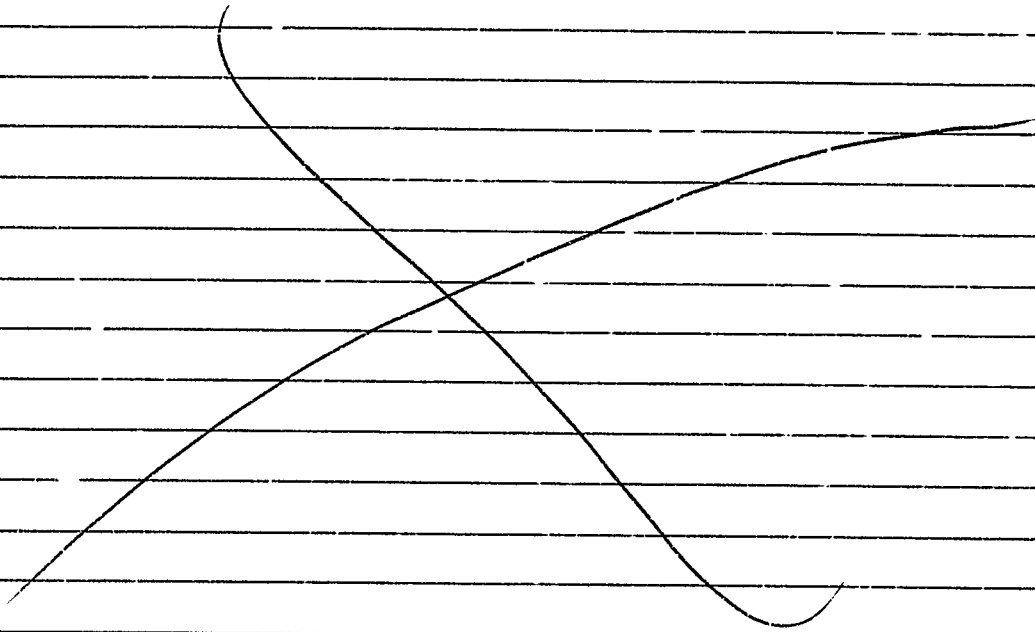
CEO DISTRICT **3**

[Signature]

COMMENTS

3/25/90 NWY

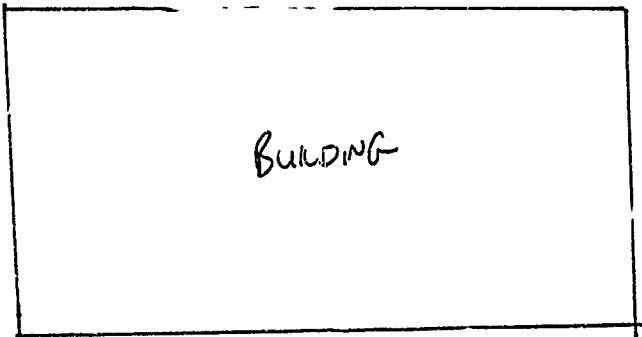
6/28/90 Signage installed per submitted



Inspection Record	
Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____

B-2

R-6



BUILDING

E. STING
DIRECTIONAL
SIGNS

← Hill St →

DIRECTIONAL
SIGNS SET
IN BACK OF
SIDE WALK
APPROX. 10' FROM
STREET.

↑
BRANTLEY ST.
↓

SIGNAGE APPLICATION

ADDRESS: 66 BRAMHALL STREET
 OWNER: MAINE CARDIOLOGY ASSOC.
 APPLICANT: NEWRAFT SIGN CO.
 ASSESSORS NO.: _____

SINGLE TENANT LOT? YES: ☒ NO: _____
 MULTI-TENANT LOT? YES: _____ NO: _____
 FREESTANDING SIGN? YES: _____ NO: _____
 MORE THAN ONE SIGN? _____
 BLDG. WALL SIGN? YES: ☒ NO: _____
 MORE THAN ONE SIGN? _____

EXISTING SIGNS (FREESTANDING
 NON-LIT DIRECTIONAL)
 DIMENSIONS: 20' 10 S.F. = 20 S.F.
 DIMENSIONS: _____
 DIMENSIONS: (2) SIGNS TOTALING
51.6 S.F.

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: _____

NO BUILDING SIGNS EXIST
(2) 2'6" X 4' NON-ILLUMINATED DIRECTIONAL SIGNS AT ENTRANCE TO PARKING AREA.
 LOT FRONTAGE (IN FEET): 178' ON BRAMHALL ST.; 101' ON HILL STREET.
 BLDG. FRONTAGE (IN FEET): 125' ON BRAMHALL ST.; 150' ON HILL ST.

AWNING? YES: _____ NO: ☒ IS AWNING BACKLIT? YES: _____ NO: _____
 HEIGHT OF AWNING: _____
 IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE
 EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING
 STRUCTURAL COMPONENTS.

Letter Sign $23' \times 10" (.83") = 19.09\#$
 Logo $2'8" \times 3' = 7.98\#$
(2.66)
27.07# each

using
 Zone line
 can be
 moved 30'
 if the bldg
 does have
 a setback
 46 of Hill St

OK
 A: SIGNLIST

PORTLAND

ME 04102

COMPANY
B

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LYE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/YY)	POLICY EXPIRATION DATE (MM/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROT	PPS24397425	12/31/95	12/31/96	GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one loss) \$1,000,000 MED EXP (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	Garage Liability <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR, PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VESSEL/SPECIAL ITEMS

INSTALLATION OF SIGN CITY OF PORTLAND, 389 CONGRESS STREET, PORTLAND
MAINE IS LISTED AS ADDITIONAL INSURED

PETER MURPHY
NEOKRAFT

LEWISTON ME 04021

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER MAILED TO THE LEFT, BUT FAILING TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

BRADFORD S. KIRKPATRICK RR A

SIGNED CORPORATION 1994

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 66 Bramhall St		Owner: Maine Cardiology Assoc.		Phone:		Permit No: 960660	
Owner Address:		Lease/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Murray Construction		Address: P.O. Box 2530 So. Portland, ME		Phone: 04106 799-8136		PERMIT ISSUED Permit Issued: JUL 10 1996 CITY OF PORTLAND	
Past Use: Medical Offices		Proposed Use: Same		COST OF WORK: \$ 512,000.00		PERMIT FEE: \$ 2,580.00	
				REDEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Interior Renovations		Signature: <i>[Signature]</i>		Signature:		Zone: CBL: Zoning Approval: <i>[Signature]</i> 7/2/96 Special Zoning or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 02 July 1996		Signature:		Date:	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

~~Permits to be purchased before permit issuance!!!~~

6- 30 CY 30-3014 233

Call when ready for pickup: dump truck!

CERTIFICATION

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

SIGNATURE OF APPLICANT *[Signature]* Dave Emergent ADDRESS: DATE: 02 July 1996 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation

- ☒ Not in District or Landmark
- ☐ Does Not Require Review
- ☐ Requires Review

Interior work

- Action: *only*
- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: *[Signature]*

CEO DISTRICT

3

A. Simpson



City of Portland, Maine -- Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8702, FAX: 874-8716

Location of Construction: 66 Bramhall St		Owner: 66 Bramhall Realty Assoc.		Phone:		Permit No: 960560 PERMIT ISSUED JUN 19 1996 CITY OF PORTLAND Zone: CBL: 054-B-006 Zoning Approval: <i>OK</i> 6/12/96 Special Zone or Review: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Owner Address:		Leasee/Buyer's Name:		Business Name:		
Contractor Name: Murray Construction		Address: P.O. Box 2530 So. Portland, ME 04106		Phone: 799-8136		
Past Use: Office (Prof Off)		Proposed Use: Same		COST OF WORK: \$ XXXXXXXX PERMIT FEE: \$ 25.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>		
Proposed Project Description: Interior Demolition (Exploratory) - Basement				Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		
Permit Taken By: Mary Gresik		Date Applied For: 12 June 1996				

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, sept., or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

30 YC

30-2717/00158

**PERMIT ISSUED
WITH LETTER**

CERTIFICATION

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

[Signature]
 SIGNATURE OF APPLICANT: Dave Emery ADDRESS: _____ DATE: 12 June 1996 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Historic Preservation
☐ Not in District or Landmark
☐ Does Not Require Review
☒ Requires Review

Action: *Internally*
☐ Approved
☒ Approved with Conditions
☐ Denied

Date: 6/12/96

[Signature]

CEO DISTRICT **3**
A. Sampson

Form # P-013

Date 21 October 1996
Permit # 13851

ADDRESS

SIGNATURE OF CONTRACTOR

SIGNATURE OF CONTRACTOR

ELECTRICAL PERMIT

City of Portland, Me.



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 City of Portland Electrical Ordinance, National Electrical code and the following specification:

Date 21 October 1996

Permit # 13851

LOCATION: 66 Bramhall St

OWNER Maine Cardiology Assoc.

ADDRESS

							TOTAL EACH FEE	
CUTLETS								
		Receptacles		Switches	Smoke Detector			.20
FIXTURES		(number of)				60		12.00
		incandescent		fluorescent				.20
		fluorescent strip						.20
SERVICES								
		Overhead			TTL AMPSTO	800		15.00
		Underground				800		15.00
TEMPORARY SERV.								
		Overhead			AMPS OVER	500		25.00
		Underground				800		25.00
METERS		(number of)						1.00
MOTORS		(number of)						2.00
RESID/COM		Electric units						1.00
HEATING		oil/gas units						5.00
APPLIANCES		Ranges		Cook Tops	Wall Ovens			2.00
		Water heaters		Fans	Dryers			2.00
Disposals		Dishwasher		Compactors	Others (denote)			2.00
MISC. (number of)		Air Cond/win						3.00
		Air Cond/cent						10.00
		Signs						5.00
		Pools						10.00
		Alarms/res						5.00
		Alarms/com						15.00
		Heavy Duty						2.00
		Outlets						
		Circus/Carnv						25.00
		Alterations						5.00
		Fire Repairs						15.00
		E Lights						1.00
		E Generators						20.00
		Panels						4.00
TRANSFORMER		0-25 Kva						5.00
		25-200 Kva						8.00
		Over 200 Kva						10.00
					TOTAL AMOUNT DUE			
		MINIMUM FEE/COMMERCIAL 35.00			MINIMUM FEE	25.00		25.00

INSPECTION:

Will be ready _____

or will call XXXXXXXXXXXXXXX

CONTRACTORS NAME The Electrician

ADDRESS 1231 Forest Ave

TELEPHONE 878-0006

MASTER LICENSE No. 13851

LIMITED LICENSE No.

SIGNATURE OF CONTRACTOR

Edw. W. Carr

By Inspector _____

PROGRESS INSPECTIONS:

10/10/96 (Phonics)

DATE: 11/1/68 REMARKS:

[illegible]

ELECTRICAL PERMIT

City of Portland, Me.



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 City of Portland Electrical Ordinance,
National Electrical code and the following specification:

Date 8/16/96

Permit # _____

LOCATION: 66 Bramhall StOWNER Maine Cardiology Assoc

ADDRESS _____

TOTAL EACH FEE

OUTLETS								
	Receptacles	Switches	Smoke Detector				.20	
FIXTURES	(number of)							
	incandescent	fluorescent					.20	
	fluorescent strip						.20	
SERVICES								
	Overhead		TTL AMPSTO	800			15.00	
	Underground			800			15.00	
TEMPORARY SERV.								
	Overhead		AMPS OVER	800			25.00	
	Underground			800			25.00	
METERS	(number of)						1.00	
MOTORS	(number of)						2.00	
RESID/COM	Electric units						1.00	
HEATING	oil/gas units						5.00	
APPLIANCES	Ranges	Cook Tops	Wall Ovens				2.00	
	Water heaters	Fans	Dryers				2.00	
Disposals	Dishwasher	Compactors	Others (denote)				2.00	
MISC. (number of)	Air Cond/win						3.00	
	Air Cond/cent						10.00	
	Signs						5.00	
	Pools						10.00	
	Alarms/res						5.00	
	x Alarms/com	burglar/fire					15.00	15
	Heavy Duty						2.00	
	Outlets							
	Circus/Carnv						25.00	
	Alterations						5.00	
	Fire Repairs						15.00	
	E Lights						1.00	
	E Generators						20.00	
	Panels						4.00	
TRANSFORMER	0-25 Kva						5.00	
	25-200 Kva						8.00	
	Over 200 Kva						10.00	
						TOTAL AMOUNT DUE		
						MINIMUM FEE	25.00	25

INSPECTION:

Will be ready _____

or will call xCONTRACTORS NAME Cunningham Security SystADDRESS 313 Read St- PtldTELEPHONE 878-5858

MASTER LICENSE No. _____

LIMITED LICENSE No. MC60017139

SIGNATURE OF CONTRACTOR

By Inspector

PROGRESS INSPECTIONS:

10/10/96 (Final)

DATE: 11/1/71 REMARKS:

[illegible]



Date 10 July 1996

Permit # 9171

LOCATION: 66 Bramhall St

OWNER Maine, Cardiology

ADDRESS**TOTAL EACH FEE**

OWNER					TOTAL EACH				
OUTLETS		Receptacles (number of)	228	Switches	102	Smoke Detector		.20	66.00
FIXTURES		incandescent		fluorescent			284	.20	56.80
		fluorescent strip						.20	
SERVICES									
		Overhead				TTL AMPSTO	800	15.00	
		Underground					800	15.00	
TEMPORARY SERV.									
		Overhead				AMPS OVER	800	25.00	
		Underground					800	25.00	
METERS		(number of)						1.00	
MOTORS		(number of)						2.00	
RESID/COM		Electric units						1.00	
HEATING		oil/gas units						5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00	
		Water heaters		Fans		Dryers		2.00	
Disposals		Dishwasher		Compactors		Others (denote)		2.00	
MISC. (number of)		Air Cond/win						3.00	
		Air Cond/cent						10.00	
		Signs						5.00	
		Pools						10.00	
		Alarms/res						5.00	
		Alarms/com					1	15.00	15.00
		Heavy Duty						2.00	
		Outlets							
		Circus/Carnv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
		E Lights						1.00	
		E Generators						20.00	
		Panels					4	4.00	16.00
TRANSFORMER		0-25 Kva					1	5.00	5.00
		25-200 Kva						8.00	
		Over 200 Kva						10.00	
						TOTAL AMOUNT DUE			
						MINIMUM FEE 25.00			
						158.80			
						MINIMUM FEE/COMMERCIAL 35.00			

INSPECTION:

Will be ready

or will call xxxxxx

CONTRACTORS NAME

Bay Electric

Don Mailman

ADDRESS

P.O. Box 6316 Cape Elizabeth

TELEPHONE

799-0350

MASTER LICENSE No.

9171

LIMITED LICENSE No.

~~SIGNATURE OF CONTRACTOR~~

Don H. Carlson

8/13/96 pre inspect service for weekend
brother removing fixtures
[no permit for those wiring (Air Temp)]
[wiring?]