

Memorandum from Department of Building Inspection, Portland, Maine

7-21 Charles Street

August 17, 1970

The Carvol Company
365 Park Avenue

cc to: Svardrup & Parcel
Consulting Engineers,
1255 Boylston St., Boston, Mass.

Gentlemen:

Permit to install ventilation and duct work in the National Medical Care building at the above address is hereby issued, providing a fire damper is added at the penetration of fire wall of incinerator room located in basement.

Very truly yours,

Nelson F. Cartwright
Field Inspector
Building Inspection Department

NFC:m

CS-27



R6 RESIDENCE ZONE

APPLICATION FOR PERMIT

Class of Building or Type of Structure Installation

Portland, Maine, August 12, 1970

PERMIT ISSUED
AUG 17 1970
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location 7-21 Charles St. Within Fire Limits? _____ Dist. No. _____
 Owner's name and address National Mec Telephone _____
 Lessee's name and address _____ Telephone _____
 Contractor's name and address The Carvel Co., 365 Park Ave. Telephone 72-7444
 Architect _____ Specifications _____ Plans _____ No. of sheets _____
 Proposed use of building Nursing Home No. families _____
 Last use _____ No. families _____
 Material masonry No. stories 3 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____
 Estimated cost \$ _____

General Description of New Work belated fee \$ 10.00
 Fee \$ 2.00
 \$12.00 total

To install ventilation and dust work as per plans/on file.

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

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 _____ Root 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 _____ Sills _____ Max. on centers _____
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridg'g on 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? _____

Miscellaneous

Will work require disturbing of any tree or a public street? no
 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

APPROVED:
8/14/70
with memo NFE
 Permit issued with Memo

The Carvel Company

Signature of owner by: [Signature]

INSPECTION COPY

CS 301

7M
120

(COPY)



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION #7-21 Charles Street

Issued to **National Medical Care Inc.** Date of Issue **February 16, 1972**
c/o Leonard A Nelson, 443 Congress St. 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. 70/149, 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
Entire

APPROVED OCCUPANCY
Nursing Home

Limiting Conditions: **Drainage of parking lots subject to review when city sewer on Charles St. enlarged.**

This certificate supersedes certificate issued

Approved:

(Date) *Nelson F Hartwright*
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.

7-21 Charles Street

Dec. 11, 1969

Sverdrup & Parcel And Associates, Inc.
Att: Robert H. Conkling
643 Beacon St., Boston, Mass. 02215

cc to: National Medical Care, Inc.
c/o Leonard M. Nelson
443 Congress Street

Dear Mr. Conkling:

This department has checked your plans on file here at this office for the above named location for a 3-story masonry nursing home approximately 70' x 178' and are now ready to issue your building permit upon payment of the fee. The fee rates are in the City of Portland, \$2.00 per thousand.

I would remind you at this time that under Section 602.251 of the Zoning Ordinance your appeal rights will expire if work is not substantially completed within one year from the date from which the appeal was granted.

The following requirements are brought to your attention at this time:

1. I would remind you of paragraph 10 in our letter to you of Oct. 7, 1969 in which we stated that the exit stairs are required to be at least 44 inches wide. The plans I have here do not seem to scale this width.

2. Before work is started on the ventilation equipment for the kitchen area we will need to know the size of the exhaust hood.

3. The Health Department requires the following and I quote from their requirements: Section 401.21 of the Municipal Code as follows:

When a food service establishment is hereafter constructed or extensively remodeled, or when existing structure is converted for use as food service establishment, properly prepared plans and specifications for such construction, remodeling or alteration; showing layout, arrangement and construction materials of work areas, and the location, size and type of fixed equipment and facilities shall be submitted to the Health authority for review before such work is begun.

4. Our electrical inspector requires an increase in the size of the Conduit to the service equipment. Before electrical work is started check with our electrical inspector, Mr. Frank Herbert on the required size of these conduits.

Sverdrup & Parcel And Associates, Inc. Page 2 Dec. 11, 1969

5. Our Plumbing Inspector requires for the sanitary and storm sewers that XH Cast Iron soil pipe from the building to the connection in the street (city sewer) shall be required. He also states that there shall be no galvanized steel pipe used at all for soil or waste branches within the building, galvanized stool pipe may be used for vent only after same rises 6" above floor rim of fixtures served. Galvanized down spouts are not allowed for roof drains within the building only XHCI or type L copper tubing.

The above covers all of our requirements under the Code and as stated above, upon payment of the fee we will be able to issue this permit.

Very truly yours,

A. Allan Soule
Assistant Director, Building Inspection
Department

AAS:m

7-21 Charles Street

Oct. 7, 1969

Everdrup & Parcel And Associates, Inc.
Att: Robert H. Conkling
648 Beacon Street, Boston, Mass. 02215

cc to: National Medical Care Inc.,
c/o Leonard H. Nelson
443 Congress Street

Dear Mr. Conkling:

A preliminary check of your plans on file here at this office for the above named location reveals the following:

- O.K.* 1. The Public Works Department requests a site plan showing how surface drainage is to be taken care of. It is my understanding that some kind of preliminary agreement has already been reached on this issue between you and this department. *revised 10/10/69*
- O.K.* 2. We question the service entrance marked below on the plot plan off from Crescent Street. We have scaled the depth from the door opening to the street line of only 10 feet, if this is the case then cars and trucks will extend over the public sidewalk and possibly into the street.
- O.K.* 3. We understand that the basement of this building is to be sprinklered. If this is the case, 2-hour separation for the mechanical equipment room located in the basement area will not need to be provided.
- O.K.* 4. We will need to know how the brick work on this building is to be tied to the masonry block wall. *masonry*
- O.K.* 5. We question BB shown on Sheet 5 as to how 2-hour separation is to be provided under the overhang. This is where the lighting is shown on the plan. *(New plans See 17)*
- O.K.* 6. A statement of design signed by a qualified designer who is willing to assume the responsibility for this building will be needed for attaching to the plans. Enclosed is a blank statement of design for this purpose.
7. A separate plan of the kitchen and the equipment which is required to be labelled for the Health Department will be needed.
8. All toilets are to be vented as required by the Plumbing Inspector.
9. All required means of egress (stair towers at either end of this building) must have self-closing fire doors equipped with at least vestibule latch sets. This type of hardware is one that a door so equipped that all fastenings which keep the door from opening will be released instantly, without special knowledge or ability, merely by turning the customary knob or by pressure on a plate or lever.

A count of the bedrooms and the number of help needed seems to indicate that there would never be over 150 persons in this building at one time. However, if at any time there is over 150 people that would use these exits, then anti-panic hardware is required. Anti-panic hardware is the type that all fastenings which would keep the door from opening would be released instantly without fail by moderate pressure on a bar at normal height on, and extending the full width, inside surface of door or pair of doors.

10. These stairways are required to be at least 44 inches wide with hand rails on both sides. All treads are required to be of the non-slip type.
11. Under Section 502.6.4 of the Building Code it is required that the incinerator room shall be separated from all other parts of the building by separations of at least 1-hour fire resistance.
12. Elevated shaftways shall be enclosed for 1-hour fire resistance using only self-closing fire doors. (Section 508.6.3).
O.K. - 10/22/69
13. This building shall be equipped with approved standpipes and hose consistent with the requirements for standard standpipes and hose. (Section 508.6.7).
O.K.
14. I would call your attention to Section 508.9.4.2 of the Building Code where more than 100 patients are accommodated. This states that all lights in corridors and required means of egress shall be so arranged and connected to an independent source of electrical current that such lights shall be lighted to their full intensity automatically and approximately instantaneously upon failure of the usual supply of electrical current. The independent source of electrical current may be:
1. A main electrical service from outside the building, as remote as possible (in the electrical sense) from the usual main service or to some other independent source approved by the Board of Fire Engineers.
 2. The Independent source shall be of sufficient capacity to keep the lights burning at full intensity for at least one-half hour.
15. Separate permits are required for sprinkler system, fire alarm system, air-conditioning etc. to be taken out by the actual installers.
16. We will need of course more complete plans and specifications and the fee will need to be paid for this permit before it can be issued.

You are required to check with the Public Works Department on the existing sidewalks.

Very truly yours,

A. Allan Soule
Assistant Director Building Inspection Department

AAS:z
enc.

0.10 → Fee

Plan of Partition, separated building to Health Dept.

LOCATION 7-21 Clark St	SHEET of
OWNER National Medical Care Inc 96 Leonard St 443 Bay St	DATE 9/24/69
DESCRIPTION OF WORK 3 story masonry nursing home	CHECK BY Allen CONTRACTOR
ZONING PL Use Nursing Home	(SEE ATTACHED SHEET)
CURB & SIDEWALK	
FIRE DISTRICT 3# - 0.4	
CLASS OF CONSTRUCTION First Class (Must fit Sec 406-33)	
CERTIFICATE OF DESIGN	
SIGNS OR MARQUEES	
ADDITIONAL NOTES	

11/6/69

11/6/69

USE SEC.	USE SEC.
General 402	1 ✓
1 ✓	2 ✓
2 ✓	3 ✓
3 ✓	4 ✓
→ 4 - Prohibit by Building Dept. for residential use.	→ 5 Over
→ 5 - Over	6 - Over
→ 6 - Over	7 ✓
7 -	8 - Over
8 -	
→ 9 over	
10 ✓	

COMPUTATIONS ON BACK

- UF 5.4.2 - Stairway, 4" wide
 - 50F 5.5 - No doors left side
 - 50F 5.6 C - No - shift doors
 - 50F 5.8 - Artificial light
 - 50F 5.8.1 - Exit lights - O.K. see spec
 - 50F 5.8.2 - 1/2 all exit doors
 - 401.6.2 - Chiller shut - 1 hour
 - 402.6.5 - S/C - For door
 - 402.6.4 - Incinerator
 - 402.6.8 - Heat? Definite O.K.
 - 402.6.9 - ?
 - 50F 6.3 - Elevator - 1 hour - self closing fire door
 - 50F 6.4 - Central heating room - Electrical
 - 50F 6.7 - Standpipes & hose requires
 - 50F 6.8 - Humidifier system required for workshop & storage room because
 - 50F 6.9 - If no sprinkler system when fire alarm - YES
 - 50F 7 - Check on radiators - 110
 - 50F 9.2 - Request for heat 3110
 - 50F 9.3 - Dining room lifts O.K.
 - 50F 9.4.2
- Separate permits for sprinkler system - for door

MAJOR BUILDINGS CHECK LIST

Location 7-21 Ch. 11

Date 9/29/69

Check by: all

Letter	OK	ITEMS	COMMENTS
		CURB AND SIDEWALK ORDINANCE	
		ZONING	
		BUILDING CODE	
		In Fire District?	Yes - 14301
		Once over plans and specifications	
		Class of construction	First class
		Statement of design	
		Signs and marquees - or other projections over public sidewalks requiring separate permits	
		Determine classes of use	None in name
		General requirements	See notes
		All other classes of use	See notes
		Open parking structures	
		Outdoor swimming pools	
		Class of construction-if in fire district check requirements	
		Maximum height	
		Maximum area between exterior or fire walls - sprinkler system?	
		Fire separation	
		1. Parapet walls	
		2. Fire doors	
		3. Shutters and windows - note special classes of use - also require-	
		ments from fire districts	
		Fireproofing steel and concrete reinforcement	
		Chimneys, flues and stack linings and cleanouts	
		1. Prefab chimneys	
		2. Gas vents	
		Design features	
		1. Foundations including footings	
		2. Retaining walls	
		3. Piers	
		4. Posts - pipes	
		5. Tiles	
		6. No cinder blocks or blocks below grade	
		7. Masonry walls and partitions	
		8. Cornice and fire stops at wood furring	
		9. Bonding - solid, hollow, cavity and veneer walls of masonry or frame	
		10. Lateral support	
		11. Unsupported height of piers	
		12. Concrete - in freezing weather and under water	
		13. Steel and iron	
		a. Pipe columns	
		b. Jack columns	

→ O.K.

MAJOR BUILDINGS CHECK LIST CONT'D

Letter	OK	ITEMS	COMMENTS
	0	Wood	
	0	1. Sills	
	0	2. Corner and intermediate posts	
	0	Girts	
	0	3. Ledger boards	
	0	4. Plates	
	0	5. Studs	
	0	6. Caps and shoes	
	0	7. Joists	
	0	8. Rafters	
	0	9. Girders	
	0	10. Trimmers and headers	
	0	11. Timber hangers	
	0	12. Bridging	
	✓	Roof Covering and drainage 7. - 5. . . .	
	✓	1. No wood shingles	
	✓	2. No drainage on public sidewalk	
		Miscellaneous	
		1. Trap doors	
		2. Skylights	
		3. Penthouses	
		4. Tanks for water otherwise	
		Gas and inflammable liquids	
		1. Approval of Fire Chief needed (floating of underground tanks left to Fire Chief)	
		Elevators and conveyors	
		1. Check of elevator shafts and doors	
		Structural design and special features	
		1. Bearing and anchorage of masonry walls	
		2. Lateral bracing top flanges of steel	
		3. Lateral bracing top and bottom cords of all trusses	
		4. Steel joists and long span and size and spacing of bridging	
		Specialties require an additional permit	
		1. Heat	
		2. Ventilation	
		3. Plumbing	
		4. Electrical	
		5. Cooking equipment	
		6. Hot water tanks, etc.	

↗
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SVERDRUP & PARCEL AND ASSOCIATES, INC.
ENGINEERS-ARCHITECTS
648 BEACON STREET
BOSTON, MASSACHUSETTS 02115

AREA CODE | TELEPHONE
817 | 202-1840

January 5, 1970

Mr. A. Allan Soule
Assistant Director of Building Inspection
Department of Building Inspection
City of Portland, Maine

Dear Mr. Soule:

Subject: National Medical Care of Portland, Inc.
Extended Care Facility
Charles Street, Portland, Maine

Thank you for your letter of December 11, 1969. Bids have been received for subject project, and it is expected that construction will start in the very near future.

Regarding the points you raise:

1. Width of exit stairs: Dwg A-2 shows a clear dimension in the stairwells of 7'-8" which gives two runs of 3'-8" (44") plus 4" between well stringers. Addendum #1 drawing #102 notes that minimum width of stair shall be 3'-8".

2 & 3 Kitchen equipment is under an allowance. General arrangement shown on Drawing A-2 will be supplemented in detail at a later date. These drawings and specifications will be sent to the various authorities concerned for approval before fabrication is started.

4. Mr. Ray T. Clark, electrical engineer in our office, has been in contact with Mr. Frank Herbert. It is agreed that conduit sizes shown are acceptable.

5. Plumbing items noted have been corrected by Addendum #1.

We look forward to working in close cooperation with you and other members of your department for the months of construction ahead.

Very truly yours,

SVERDRUP & PARCEL AND ASSOCIATES, Inc.

Robert H. Conkling
Robert H. Conkling

SVERDRUP & PARCEL AND ASSOCIATES, INC.
CONSULTING ENGINEERS
648 BEACON STREET
BOSTON, MASSACHUSETTS 02216

AREA CODE | TELEPHONE
617 | 262-1840

February 11, 1970

City of Portland, Maine
Department of Building Inspection
Portland, Maine

Attention: Mr. A.Allan Soule
Assistant Director

Gentlemen:

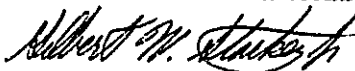
Subject: National Medical Care
of Portland

Enclosed one (1) copy of Addendum #2.

We are about to sign a contract for the construction of our new facilities and you may expect to see the General Contractor, Profenno Construction Co. in you office very shortly to secure a building permit.

Sincerely,

SVERDRUP & PARCEL AND ASSOCIATES, Inc.



Gilbert W. Carkey, Jr.
Project Architect

enclosure



198 RESIDENCE & No.

APPLICATION FOR PERMIT

PERMIT ISSUED

FEB 19 1970

CITY of PORTLAND

Class of Building or Type of Structure Masonry

Portland, Maine May 9, 1969

Application completed 2-19-70

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location 7-23- Charles St. Within Fire Limits? _____ Dist. No. _____
 Owner's name and address National Medical Care Inc. c/o Leonard M Nelson Telephone 774-6291
443 Congress St.
 Lessee's name and address _____ Telephone _____
 Contractor's name and address not listed Profenno Construction Co, 2000 Forest Ave Telephone 797-4812
Engineers, 1255 Boylston St., Boston Telephone 262-1340
 Architect Sverdrup & Parcel Consulting Specifications _____ Plans yes No. of sheets 3
 Proposed use of building Nursing Home No. families _____
 Last use _____ No. families _____
 Material masonry No. stories 3 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____
 Estimated cost \$ 989,338.00 Fee \$ 1,980.00

General Description of New Work fee pd. 2-19-70

To construct 3-story masonry building 178' long x 79' wide, as per plans and specifications.

This application is preliminary to get settled the question of zoning appeal. In event the appeal is sustained, the applicant will furnish complete drawings, estimated cost and pay legal fee.

Appeal \$18 1/29/69

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. **PERMIT TO BE ISSUED TO** Leonard Nelson-443 Congress St.
Profenno Construction Co.

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 sewer? _____
 Has septic tank notice been sent? _____ Form notice sent? yes
 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 concrete at least 4' below grade 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? _____

Miscellaneous

Will work require disturbing of any tree on a public street? no
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

APPROVED:
D.K. - 2/19/70 - Allen

National Medical Care Inc.
Profenno Construction Co.
Leonard M. Nelson, City

INSPECTION COPY Signature of owner by: _____

NOTES

3-18-70 Footings going in

4-21-70 Foundation completed

5-8-70. Long span joists on 1st floor Brick work started

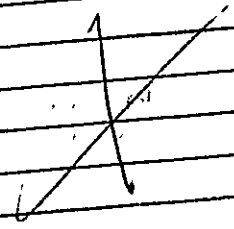
7-24-70 Went over entire job. with super. Roof on Conc. floors started

10-20-70 Ready to start closing in

2-11-71 Completed to Test Fire Alarm

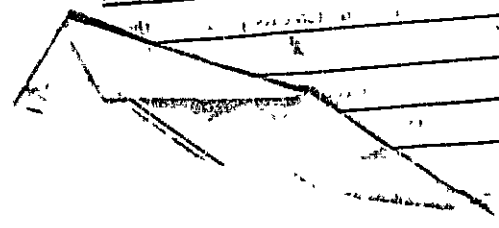
Conf. Tues.

Drainage of parking lots subject to review when City sewer on Charles St. enlarged.



Permit No. 70/149
 Location 731 Charles Street
 Owner National Marine Bank
 Date of permit 2/19/70
 Notif. closing-in
 Inspn. closing-in
 Final Notif.
 Final Inspn.
 Cert. of Occupancy issued 7/16/71
 Saking Out Notice
 Form Check Notice

✓ Hanging permit.
 ✓ Sprinkler permit
 ✓ Fire alarm system



CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. *58545*
Issued *3/2/70*

Portland, Maine *FEBRUARY 27, 1970*

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out — Minimum Fee, \$1.00)

Owner's Name and Address *PROFINNO CONSTRUCTION Co.* Tel. *722-6762*
 Contractor's Name and Address *EASTERN ELECTRICAL CORP.* Tel. *722-6762*
 Location *CHARLES STREET* Use of Building *EXTENDED CARE MEDICAL FACILITY*

Number of Families _____ Apartments _____ Stores _____ Number of Stories _____
 Description of Wiring: New Work _____ Additions _____ Alterations _____
100-amp temporary service

Pipe Cable _____ Metal Molding _____ BX Cable _____ Plug Molding (No. of feet) _____
 No. Light Outlets _____ Plugs _____ Light Circuits _____ Plug Circuits _____
 FIXTURES: No. _____ Fluor. or Strip Lighting (No. feet) _____
 SERVICE: Pipe _____ Cable _____ Underground _____ No. of Wires _____ Size _____
 METERS: Relocated _____ Added _____ Total No. Meters _____
 MOTORS: Number _____ Phase _____ H. P. _____ Amps _____ Volts _____ Starter _____
 HEATING UNITS: Domestic (Oil) _____ No. Motors _____ Phase _____ H.P. _____
 Commercial (Oil) _____ No. Motors _____ Phase _____ H.P. _____
 Electric Heat (No. of Rooms) _____

APPLIANCES: No. Ranges _____ Watts _____ Brand Feeds (Size and No.) _____
 Elec. Heaters _____ Watts _____
 Miscellaneous _____ Watts _____ Extra Cabinets or Panels _____
 Transformers _____ Air Conditioners (No. Units) _____ Signs (No. Units) _____
 Will commence _____ 19 _____ Ready to cover in _____ 19 _____ Inspection _____ 19 _____
 Amount of Fee \$ *1.00*

Signed *Paul Tarley*

DO NOT WRITE BELOW THIS LINE

SERVICE	METER			GROUND		
VISITS: 1	2	3	4	5	6	7
7	8	9	10	11	12	13

REMARKS:

Temp.

INSPECTED BY *JW Heister*
(OVER)

LOCATION *Charles ST 11*
 INSPECTION DATE *3/3/70*
 WORK COMPLETED *3/3/70*
 TOTAL NO. INSPECTIONS
 REMARKS:

FEEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1968

WIRING	
1 to 30 Outlets	
31 to 60 Outlets	\$ 2.00
Over 60 Outlets, each Outlet	3.00
(Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).	.05
SERVICES	
Single Phase	
Three Phase	2 00
	4.00
MOTORS	
Not exceeding 50 H.P.	
Over 50 H.P.	3.00
	4.00
HEATING UNITS	
Domestic (Oil)	
Commercial (Oil)	2.00
Electric Heat (Each Room)	4.00
	.75
APPLIANCES	
Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit	1.50
MISCELLANEOUS	
Temporary Service, Single Phase	1.00
Temporary Service, Three Phase	2.00
Circuses, Carnivals, Fairs, etc.	10.00
Meters, relocate	1.00
Distribution Cabinet or Panel, per unit	1.00
Transformers, per unit	2.00
Air Conditioners, per unit	2.00
Signs, per unit	2.00
ADDITIONS	
5 Outlets, or less	
Over 5 Outlets, Regular Wiring Rates	1.00

Pa 5/15/69
#15 - Granted 5/29/69
69/45

CITY OF PORTLAND, MAINE
IN THE BOARD OF APPEALS

VARIANCE APPEAL

National Medical Care Inc., owner of property at 7-21 Charles Street under the provisions of Section 24 of the Zoning Ordinance of the City of Portland, hereby respectfully petitions the Board of Appeals for a variance from the provisions of said Ordinance to permit: construction of a three story masonry nursing home approximately 90' x 160'. This permit is presently not issuable under the Zoning Ordinance for the following reasons: (1) The building is to be located only 7' from the side lot line on the right instead of the minimum of 10' required by Section 602.7B2 of the Ordinance applying to the R-6 Residential Zone in which the property is located; (2) Off-street parking spaces for 30 vehicles are to be provided instead of the minimum of 52 spaces required by Section 602.14B.6.

LEGAL BASIS OF APPEAL: Such variance may be granted only if the Board of Appeals finds that the strict application of the provisions of the Ordinance would result in undue hardship in the development of property which is inconsistent with the intent and purpose of the Ordinance; that there are exceptional or unique circumstances relating to the property that do not generally apply to other property in the same zone or neighborhood, which have not arisen as a result of action of the applicant subsequent to the adoption of this Ordinance whether in violation of the provisions of the Ordinance or not; that property in the same zone or neighborhood will not be adversely affected by the granting of the variance; and that the granting of the variance will not be contrary to the intent and purpose of the Ordinance.

NATIONAL MEDICAL CARE, INC.

By *Harold M. Nelson, City*

APPELLANT

DECISION

After public hearing held May 29, 1969, the Board of Appeals finds that all of the above conditions do exist with respect to this property and that a variance should be granted in this case.

It is, therefore, determined that a variance from the provisions of the Zoning Ordinance should be granted in this case.

Ralph King
Harvey M. Shandy
W. B. K... ..
Board of Appeals

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION

Interstate Construction Co.
Salem Mass.

August 7 1969

Gentlemen:

With relation to permit applied for to demolish a building or portion of building at #11-13 Charles St. it is unlawful to commence demolition work until a permit has been issued from this department.

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

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

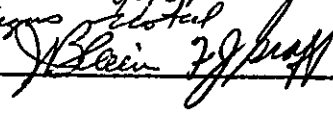
Very truly yours,



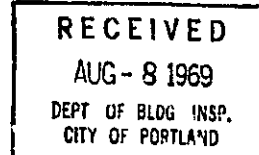
R. Lovell Brown
Director

h

Eradication of this building has been completed. 8/7/69

No visible rodent signs noted


Contractor: Santino J Viola





APPLICATION FOR PERMIT

Class of Building or Type of Structure Second Class

Portland, Maine, Jul 31, 1969

PERMIT ISSUED

AUG 8 1969

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location 11-13 Charles Street

Owner's name and address Interstate Construction Co., Salem, Mass. Within Fire Limits? _____ Dist. No. _____

Lessee's name and address _____ Telephone _____

Contractor's name and address S. J. Viola, 84 Payson St. Telephone _____

Architect _____ Telephone _____

Proposed use of building _____ Specifications _____ Plans _____ No. of sheets _____

Last use _____ No. families

Material brick No. stories 2 Heat _____ Style of roof _____ No. families

Other buildings on same lot _____ Roofing _____

Estimated cost \$ _____ Fee \$ 5.00

General Description of New Work

To demolish existing 2-story brick dwelling house

Sent to Health Dept. 8/7/69
Rec'd from Health Dept. 8/8/69

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

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? _____

Miscellaneous

Will work require disturbing of any tree on a public street? no

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

S. J. Viola

Signature of owner by: Pat Viola

APPROVED:

CS 301

INSPE

108
339

NOTES

Permit No 69/735
 Location 1-13 Oaks Dr
 Owner Richard L. Quakley Co
 Date of permit 8/8/69
 Notif. closing-in _____
 Inspn. closing-in _____
 Final Notif _____
 Final Inspn. _____
 Cert. of Occupancy issued _____
 Staking Out Notice _____
 Form Check Notice _____

8/19/69
~~Nothing to report~~
~~J. J. [unclear]~~

8/25/69
 Permitted
 [unclear]

~~[Large section of lined paper crossed out with a large X]~~

CITY OF PORTLAND, MAINE
DEPARTMENT OF BUILDING INSPECTION

August 19, 1969

Interstate Construction Co.
Salem Mass.

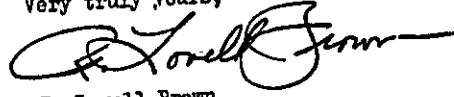
Gentlemen:

With relation to permit applied for to demolish a building or
eraction of building at #9 Charles St. it is unlawful
commence demolition work until a permit has been issued from this
department.

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

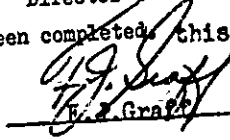
The building permit for demolition cannot be issued until the
provisions of this section have been satisfied. It is the obligation
of owner or demolition contractor or both to take up with the Health
Department the matter of complying with this section, being prepared
to inform that department what registered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

Very truly yours,

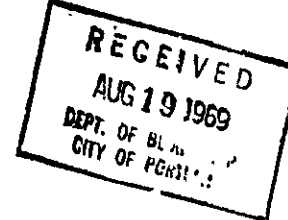


R. Lovell Brown
Director

h
Eradication of this building has been completed. this date: 8/19/69



Contractor: Santino Viola





APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, July 31, 1969

PERMIT ISSUED

AUG 19 1969

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location 9 Charles Street Within Fire Limits? _____ Dist. No. _____
 Owner's name and address Interstate Construction Co., Salem, Mass. Telephone _____
 Lessee's name and address _____ Telephone _____
 Contractor's name and address S. J. Viola, 84 Payson St. Telephone 777-2392
 Architect _____ Specifications _____ Plans _____ No. of sheets _____
 Proposed use of building _____ No. families 6
 Last use _____ No. families 1
 Material frame No. stories 2 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____
 Estimated cost \$ _____ Fee \$ 5.00

General Description of New Work

To demolish existing 2-story frame dwelling

Bent to Health Dept. 8/19/69
 Rec'd from Health Dept. 8/19/69

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

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 chimney _____ 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? _____

APPROVED:

Miscellaneous

Will work require cutting of any tree on a public street? no
 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

Interstate Construction Co.

CS 304

INSPECTION COPY

Signature of owner

By

Pat Viola

PK

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION
ZONING LOCATION R-6 PORTLAND, MAINE Oct. 7, 1986

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 13 Charles Street
1 Owner's name and address Edward LeRoux Group - 304 Cambridge Rd.
2 Lessee's name and address Woburn Mass. 01801
3 Contractor's name and address Consolidated Constructors & Builders, Inc. Telephone 774-2626
106 Commercial St., P.O. Box 4599 Downtown Sta, Portland, ME
Proposed use of building Rehabilitation Center
Estimated contractual cost \$ 39,000.00
FL. LD INSPECTOR - Mr @ 775-5451
TOTAL \$ 215.00

To construct terrarium and entrance enclosure on front of existing building, as per plans.

VOID

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? NO
Is any electrical work involved in this work? YES
Is connection to be made to public sewer?
Has septic tank been sent?
Height average grade to top of plate
Size, front depth
Material of foundation
Kind of roof
No. of chimneys
Framing lumber - Kind
Size Girder
Sills (outside walls and carrying partitions) 2x4-16" O. C Bridging in every floor and flat roof span over 8 feet.

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: 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? YES

Signature of Applicant Bernal W. Cummings Phone # 774-2626
Type Name of above Bernal W. Cummings for Consolidated Constructors & Bldgrs., Inc. and Edward LeRoux Group

B PERMIT # 1660 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: New England Rehabilitation Hospital
 Address: 13 Charles Street 775-4000
 LOCATION OF CONSTRUCTION 13 Charles Street
 CONTRACTOR: _____ SUBCONTRACTORS: _____
 ADDRESS: _____

For Official Use Only	
Date <u>10/20/87</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____
Fee _____	Public _____
	Private _____

Est. Construction Cost: _____ Type of Use: extended care facility

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain to erect two signs - 47.75 sq. ft.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE one free standing,

Residential Buildings Only: _____

Of Dwelling Units _____ # Of New Dwelling Units 2nd wall mounted

- Foundations:
1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Sides _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

- Floors:
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 PERMIT ISC
 3. Type Ceiling _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____ JAN 4 1988

- Roof:
1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size CITY OF PORTL
 3. Roof Covering Type _____
 4. Other _____

Chimneys: Type: _____ Number of Fire Places _____

Heating: Type of Heat _____

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

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

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

Zoning: District R6 Street Frontage Req. _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ X _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special F. eption _____

Other: (Explain) _____

Date Approved: OK [Signature] DEC 30 1987

Permit Received By Kandi Cote

Signature of Applicant: [Signature] Date 10/21/87

Signature of CEO _____ Date _____

Inspection Dates _____

PERMIT # 006492 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner New England Rehabilitation Council

Address 13 Charles Street Portland 710 4000

LOCATION OF CONSTRUCTION REPAIRS

CONTRACTOR Capozzi Tile SUBCONTRACTORS _____

ADDRESS 1634 Forest Avenue 797-6655

Est. Construction Cost 6,000 Type of Use Rehab. Inlet

Part Use _____

Building Dimensions 1 0 Sq. Ft. # Stories _____ Lot Size _____

Is Proposed Use _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain putting up a sign

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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

Floors:
 1 Sills Size _____ Sills must be anchored
 2 Girdler 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 Studing Size _____ Spacing _____
 - No windows _____
 2 No Doors _____
 4 Header Size _____ 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 Studing Size _____ Spacing _____
 2 Header Size _____ Span(s) _____
 3 Wall Covering Type _____
 4 Fire Wall if required _____
 6 Other Materials _____

For Official Use Only

Date April 25 1988 Subdivision Yes () No ()

Inside Pvw Limits _____ Name _____
 Bldg Code _____ Loc _____
 Type Limits _____ Block _____
 Estimated Cost 6,000 Permit Expiration _____
 Value/Structure _____ Ownership _____ Public _____ Private _____
 Fee 10.55

PERMIT ISSUED

Colling:
 1 Colling Joists size _____ Spacing _____
 2 Colling Strapping Size _____ Spacing MAY 11 1988
 3 Type Ceilings _____ Size _____
 4 Insulation Type _____
 5 Colling Height _____ City of Portland

Roof:
 1 Truss or Rafter Size _____ Span _____
 2 Sheathing Type _____ Size _____
 3 Roof Covering Type _____
 4 Other _____

Chimneys:
 Type _____ Number of Fire Places _____

Heating:
 Type of Heat _____

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

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

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

Zoning:
 District R-6 Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval Yes _____ No _____ Date: _____
 Planning Board Approval Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exceptions _____
 Other (Explain) _____
 Date Approved OK City Engineer May 9 1988

Permit Received By Josann Gunt

Signature of Applicant Josann E. Gunt Date April 25 1988

Signature of CEO _____ Date _____

Inspection Dates _____

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



13 Charles Street

MERRILL S. SELTZER
Chairman

JOHN C. KNOX
Secretary

PETER F. MORELLI
THOMAS F. JEWELL
DAVID L. SILVERNAIL
MICHAEL E. WESTORT
CHRISTOPHER DINAN

November 24, 1987

Mr. Greg Stanley, Chief Executive Officer
New England Rehabilitation Hospital
13 Charles Street
Portland, Maine 04102

Dear Mr. Stanley:

At the evening meeting of the Board of Appeals on November 19th, the Board voted by a vote of four in favor to three opposed to grant the variance requested by your Hospital to allow your institution to have two signs in the R-6 Residential Zone having a total area of 47.75 square feet: one free standing and one wall mounted. The maximum signage in the R-6 Zone is only fifteen (15) square feet in total sign area. Your Hospital may now apply for a permit for the two signs.

A copy of the decision of the Board is enclosed.

Sincerely,

Warren J. Turner

Warren J. Turner
Zoning Enforcement Inspector

Enclosure: Decision

cc Merrill S. Seltzer, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
Alexander Jaegerman, Chief Planner
P. Samuel Hoffses, Chief, Inspection Services
Merlin Leary, Code Enforcement Officer

FINDINGS OF FACT
ALL APPEALS

TYPE OF APPEAL Space and Bulk Variance

1. Name of Applicant New England Rehabilitation Hospital
2. Address of Applicant 13 Charles Street
3. Right of applicant to appeal.
Owner X
Option to Purchase _____
4. Location of property under appeal 13 Charles Street
5. Zone in which the property is located R-6 Residential
6. Present use of property Hospital
7. Proposed use if the appeal is granted.
Hospital with two on site illuminated signs

8. Names and addresses of those appearing in support of the application:
Lawrence Bartlett - lighting consultant
Gregg Stanley - CEO

9. Names and addresses of those appearing in opposition to the application:

10. Listing of the documentary evidence presented to the Board (e.g. plans, photos, maps, etc.)

VARIANCES

A variance may be granted if the Board finds that it will not be contrary to the public interest where, owing to special conditions, a literal enforcement of the Ordinance would result in "undue hardship". The following questions must all be answered, with supporting findings of fact, in order to grant the appeal

1. Can the land yield a reasonable return (not the highest return) without the granting of a variance?
Yes 3 (deny the appeal)
No 4
Reasons (including evidence) _____

2. Are there factors which are unique to this property, and not to the general conditions of the neighborhood, which create a need for a variance?
Yes 5
No 2 (deny the appeal)
Reasons (including evidence) _____

3. Will the granting of the variance alter the essential character of the locality?
Yes 0 (deny the appeal)
No 2
Reasons (including evidence) _____

4. Has the applicant used the land taken by the applicant in a prior manner (self created hardship)?
Yes 3 (deny the appeal)
No 4
Reasons (including evidence) _____

If the appeal is granted, does the Board wish to impose conditions which will further the intent and purpose of this Ordinance?

Yes _____

No _____

Specific Conditions _____

Reasons _____

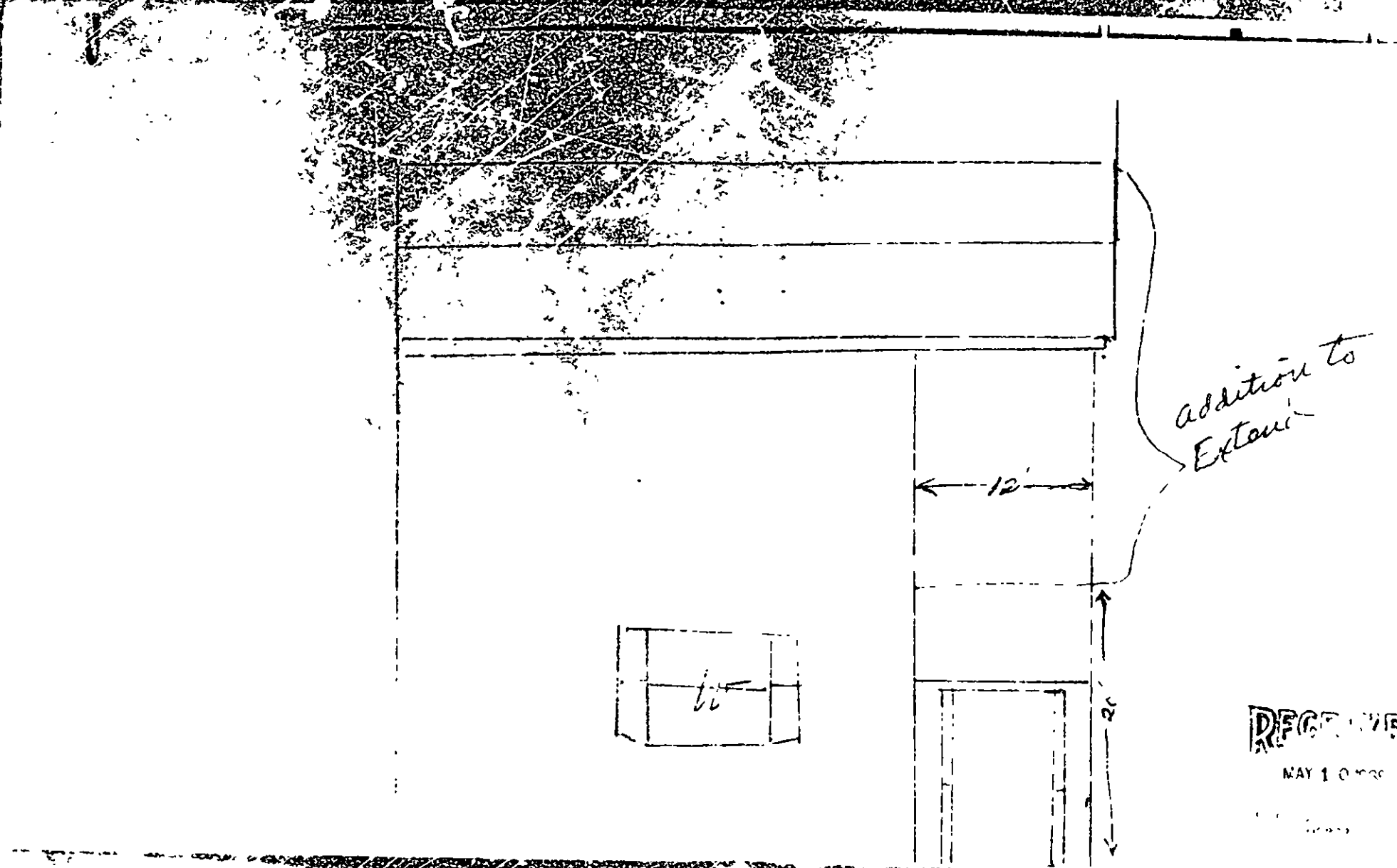
Date of Public Hearing Nov. 19, 1987

Motion _____

(including conditions and findings of fact) _____

Votes in Favor 4
John C. Kuo
Robert F. Mouly
Thomas Jewell
David L. Brown

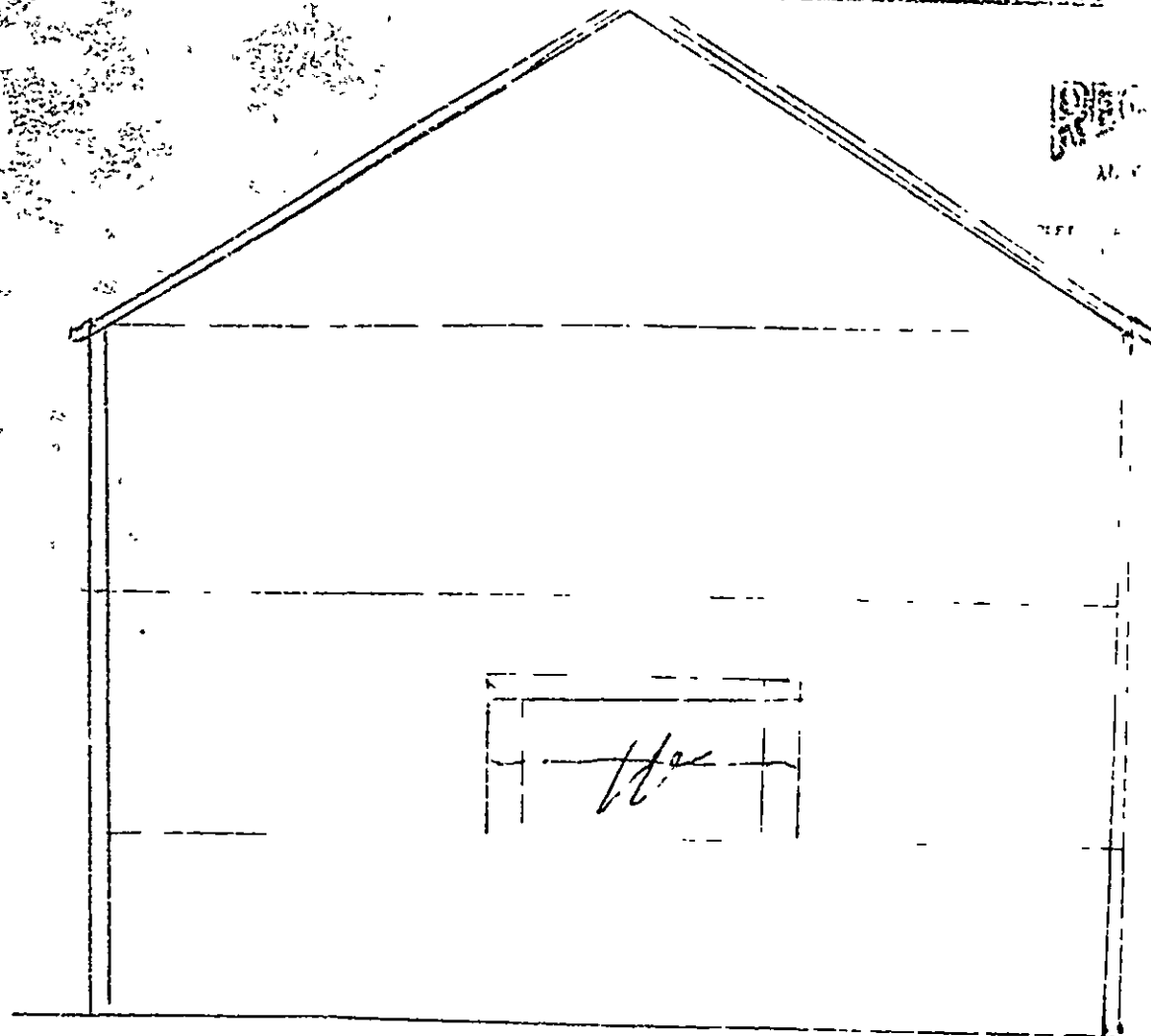
Votes Opposed 3
Michael E. Walsh
Gregory A. DeLoach
Christopher C. DeLeon



*addition to
Exterior*

RECEIVED

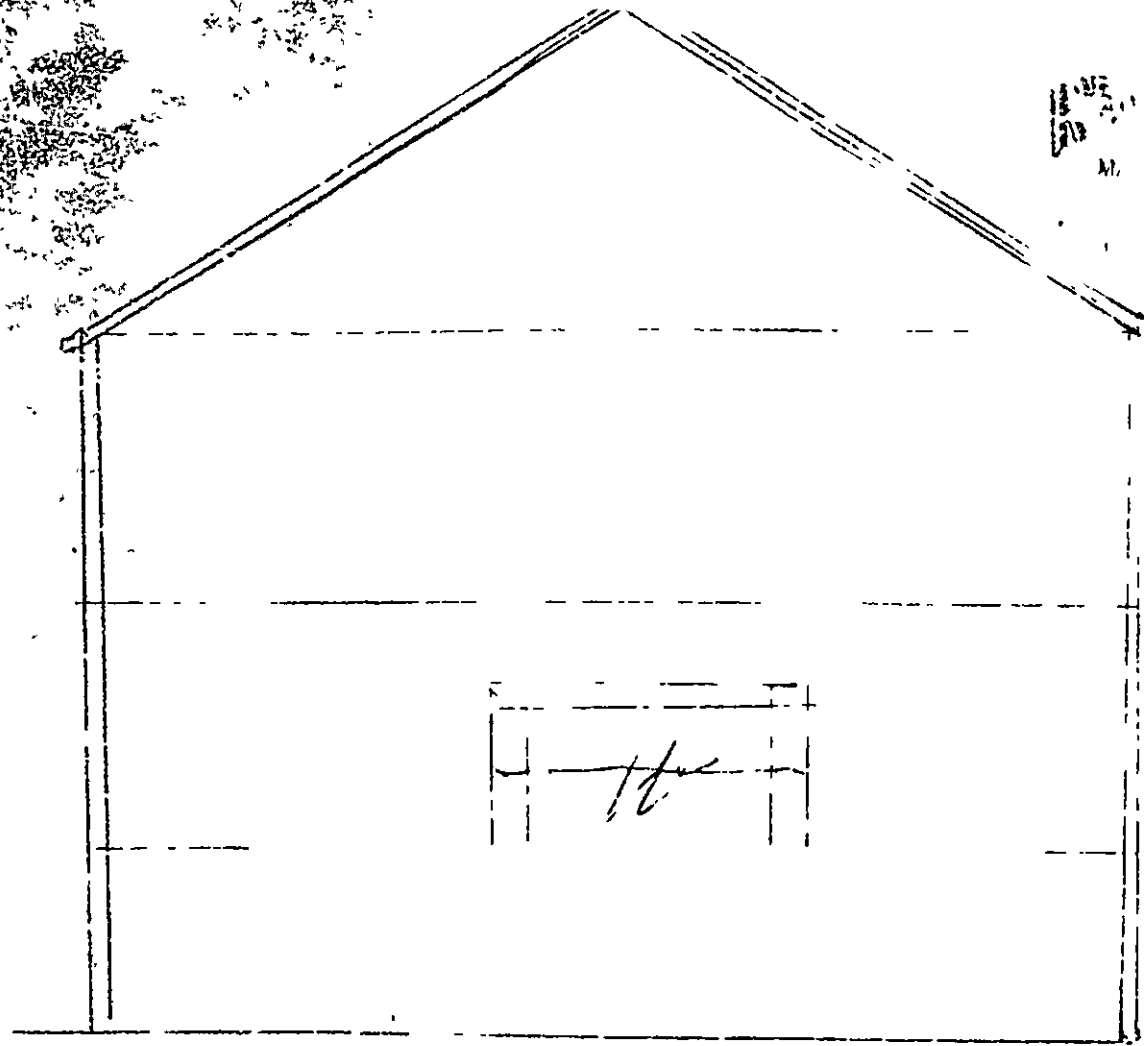
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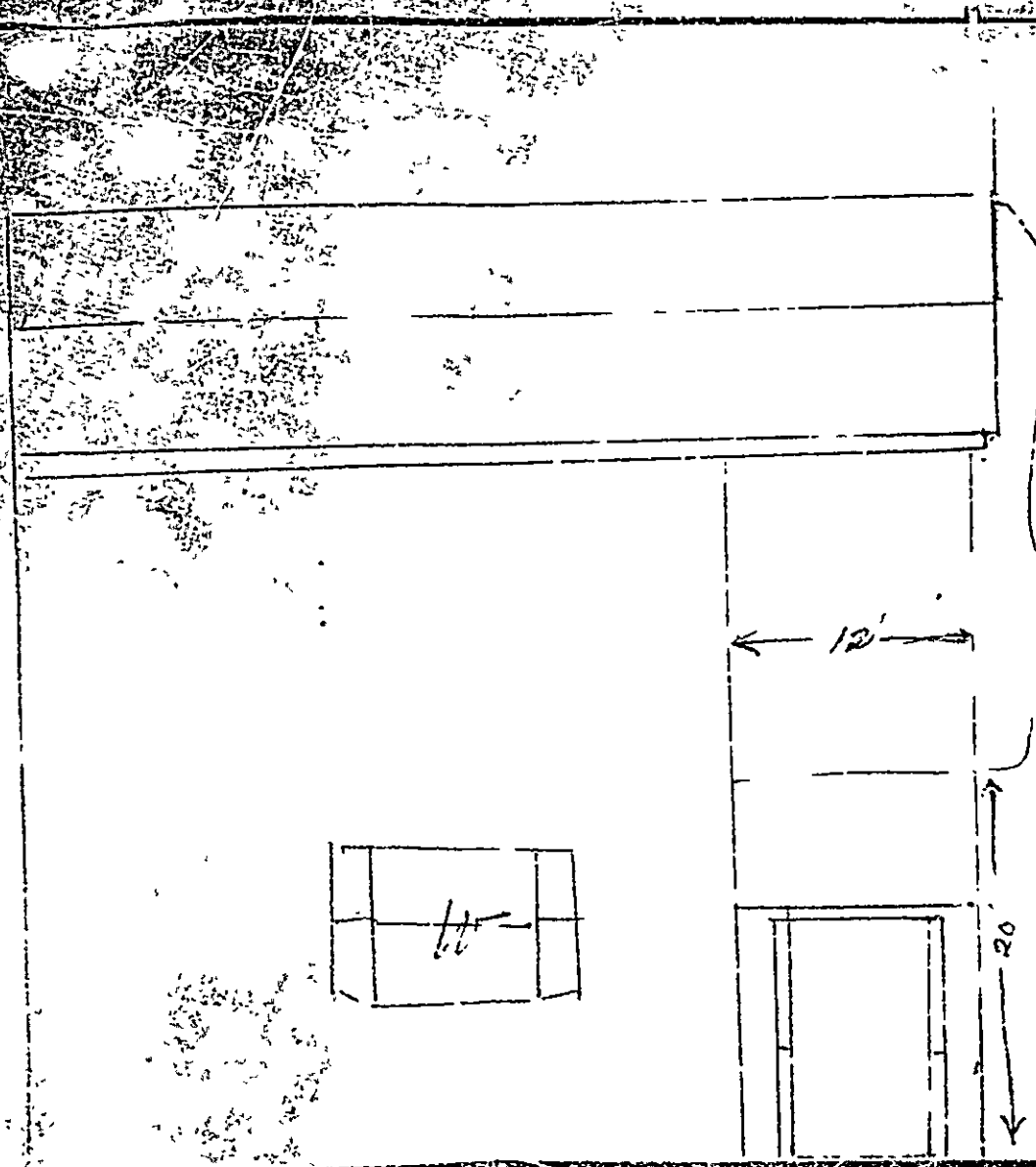


10150-20715101

AL 1 02

777





*Addition to
Extend*

REGENT

MAY 10 1999

CITY OF ...

NOTES

Permit No. 69/286

Location 9 Charles Street

Owner Walter C. Woodman

Date of permit 8/19/60

Notif. closing-in

Inspn. closing-in

Final Notifi.

Final Inspn.

Cert. of Occupancy issued

Sinking Out Notice

Form Check Notice

8/25/69
Permitted
Work

Large grid area with horizontal lines, crossed out with a large 'X'.

PERMIT # 492 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

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

By New England Rehabilitation Council
Address 13 Charles Street, Portland

LOCATION OF CONSTRUCTION 13 Charles Street, Portland

CONTRACTOR Carozza Tile SUB-CONTRACTORS _____

A. P.S.R. 1234 Forest Avenue

Est. Construction Cost 6,000 Type of Use Rehab facility

Past Use _____

Building Dimensions _____

Is Proposed Use _____

_____ Conversion - Explain: putting up a sign

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only _____

Of Dwelling Units _____

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 Materials: _____

Exterior Walls:

1. Studding Size: _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes: _____ Spacing _____
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: _____ Spacing _____
3. Wall Covering Type: _____
4. Fire Wall if required: _____
5. Other Materials: _____

For Official Use Only

Date: April 25, 1988 Subdivision: _____

Block: _____

Map Code: _____

Area: _____

Estimated Cost: 6,000 Permit Expiration: _____

Value: _____

Year: 84

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size: _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type: _____ Size: MAY 11 1988
5. C. J.ug Height: _____

Roof:

1. Truss or Rafter Size: _____
2. Sheathing Type: _____ Size: City Of Portland
3. Roof Covering Type: _____
4. Other: _____

Chimneys:

Type: _____ Number of Fire Places: _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector: Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required: Yes _____ No _____
2. No. of Toilets or Showers: _____
3. No. of Sinks: _____
4. No. of Lavatories: _____
5. No. of Other Fixtures: _____

Swimming Pools:

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

Zoning:

District: _____ Street Frontage Req: _____ Provided: _____

Required Setbacks: Front _____ Side _____

Review Required: Yes _____ No _____

Zoning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: Yes _____ No _____ Variance: _____ Site Plan: _____ Subdivision: _____

Shore Line Flood: In Mgmt _____ Special Exception: _____

Other: (Explain) _____

Date Approved: _____

Permit Received By Joanne Quint

Signature of Applicant Louise E. Barrett Date April 25, 1988

Signature of CEO _____ Date _____

Inspection Dates _____

PERMIT # 001660 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner New England Rehabilitation Hospital

Address 13 Charles Street 775-4000

LOCATION OF CONSTRUCTION 13 Charles Street

CONTRACTOR _____ SUBCONTRACTORS _____

ADDRESS _____

Est. Construction Cost _____ Type of Use extended care facility

Part Use _____

Building Dimensions _____

Is Proposed Use _____

Conversion - Explain to erect two signs - 47.75 sq. ft.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE one free standing, Residential Buildings Only # Of Dwelling Units _____ # Of New Dwelling Units two wall mounted

Foundation: Appraisal maintained 11/19/87
 1. Type of Soil _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size _____
 4. Foundation Size _____
 6. Other _____

Floors:
 1. Sills Size _____ Sills must be anchored.
 2. Girder Size _____
 3. Lally Column Spacing _____ Size _____
 4. Joist Size _____ Spacing _____ O.C.
 5. Bridge 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 _____

For Official Use Only

10/01/87

Includes Fire Limits _____
 Etc. Code _____
 Time and _____
 Estimated Cost _____
 Value _____

Subdivision _____
 Block _____
 Parcel Description _____
 Ownership _____
 Public _____
 Private _____

1. Ceiling Job Size _____
 2. Ceiling, Strapping Size _____ Spacing _____
 3. Type Ceiling _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height _____

PERMIT ISSUED
 JAN 4 1988

Roof:
 1. Truss or Rafter Size _____ Spacing _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 4. Other _____

Chimneys:
 Type _____ Number of Fire Places _____

Heating:
 Type of Heat _____

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

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

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

Zoning:
 District 46 Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date _____
 Planning Board Approval: Yes _____ No _____ Date _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Other _____
 Date Approved _____

Permit Received By Kandi Coto

Signature of Applicant [Signature] Date 12/18/87

Signature of CEO _____ Date _____

Inspection Dates _____

15/11/1988

PLOT PLAN

N
▲

FEES (Breakdown From Front)

Base Fee \$ _____
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Specify) _____
 Late Fee \$ _____

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

1-21-88 Signs have all been erected

Signature of Applicant

William E. Bartlett

Date

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



MERRILL S. SELTZER
Chairman

JOHN C. HENRY
Secretary

PETER D. MORELLI
THOMAS F. JEWELL
DAVID L. SILVERNALL
MICHAEL E. WESTORT
CHRISTOPHER DINAN

13 Charles Street

November 24, 1987

Mr. Greg Stanley, Chief Executive Officer
New England Rehabilitation Hospital
13 Charles Street
Portland, Maine 04102

Dear Mr. Stanley:

At the evening meeting of the Board of Appeals on November 19th, the Board voted by a vote of four in favor to three opposed to grant the variance requested by your Hospital to allow your institution to have two signs in the R-6 Residence Zone having a total area of 47 1/2 square feet: one free standing and one wall mounted. The maximum signage in the R-6 Zone is only fifteen (15) square feet in total sign area. Your Hospital may now apply for a permit for the two signs.

A copy of the decision of the board is enclosed.

Sincerely,

Warren J. Turner
Warren J. Turner
Zoning Enforcement Inspector

Enclosure: Decision

cc: Merrill S. Seltzer, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
Alexander Jaegerman, Chief Planner
Paul Samuel Hoffses, Chief, Inspection Services
Merrill Seltzer, Secretary, Code Enforcement Officer

appeal approved by Board of Appeals
W.J.T. O.K.

submit

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



MERRILL S. SELTZER
Chairman

JOHN C. KNOX
Secretary

PETER F. MORELL
THOMAS R. JEWELL
GAIL L. SILVERMAN
MICHAEL E. WESTGATE
CHRISTOPHER DINA

13 Charles St.

December 10, 1987

Mr. Greg Stanley, Chief Executive Officer
New England Rehabilitation Hospital
13 Charles Street
Portland, Maine 04102

Dear Mr. Stanley:

On November 19th, the Board of Appeals voted by a vote of four in favor to three opposed to grant the variance requested by the New England Rehabilitation Hospital to have two signs in the R-6 Residence Zone having a total area of 47.75 square feet: one free standing and one wall sign mounted on the building wall. The maximum signage in the R-6 Residence Zone is only fifteen (15) square feet in total sign area overall. Your Hospital may now apply for a permit for the two signs in the Inspection Services Office in Room 315, City Hall, Portland, Maine.

The enclosed Certificate of Variance Approval has been prepared in accordance with 30 M.R.S.A. Sec. 4953 of the Maine Statutes. This certificate must be recorded by the Property Owner in the Cumberland County Registry of Deeds within 30 days of the granting of the variance for the variance to be valid.

Sincerely,

Warren J. Torrer

Warren J. Torrer
Zoning Enforcement Inspector

Enclosure: Certificate of Variance Approval

cc: Merrill S. Seltzer, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
Alexander Jaegerman, Chief Planner
P. Samuel Hoffes, Chief, Inspection Services
Merlin Lear, Code Enforcement Officer

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



13 Charles Street

MERRILL S. SELTZER
Chairman

JOHN C. KNOX
Secretary

PETER F. MORELLI
THOMAS F. JEWELL
DAVID L. SILVERNAIL
MICHAEL E. WESTORT
CHRISTOPHER DINAN

June 16, 1989

Mr. Christopher L. Vaniotis, Attorney
Eernstein, Shur, Sawyer and Nelson
P. O. Box 9729
Portland, Maine 04104

Dear Mr. Vaniotis:

At the meeting of the Board of Appeals on Thursday evening, June 8, 1989, the Board voted by a unanimous vote of seven members present to grant the variances for the New England Rehabilitation Hospital at 13 Charles Street in the R-6 Residence Zone.

These variances include relief from the 10 foot front yard setback, the 20 foot rear yard setback, and the 10 foot side yard setback requirements as set forth in the City Zoning Ordinance for the R-6 Residence Zone, relief from the maximum building coverage requirement to permit 57 percent of the lot to be subject to building coverage, and relief from the off-street parking requirement to reduce the requirement by six (6) parking spaces. These variances will enable the Hospital to construct a building addition on the so-called "Maxfield Lot" and the southeasterly side of the block which the Hospital occupies.

The Board of Appeals also voted by a unanimous vote of seven members to extend the term of these variances for up to two (2) years to allow for additional time in which to complete the construction project.

A copy of the Certificate for Variance is enclosed with a copy of the Board's decision for your client's records.

Sincerely,


William D. Giroux
Zoning Enforcement Officer

Enclosure: Copy of Decision and Certificate of Variance

cc: Merrill S. Seltzer, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
P. Samuel Hoffses, Chief, Inspection Services
Marland Wing, Code Enforcement Officer
Sarah Green, Planner
Charles A. Lane, Associate Corporation Counsel
Warren J. Turner, Administrative Assistant

389 CONGRESS STREET • PORTLAND, MAINE 04101 • TELEPHONE (207) 775-5451

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



13 Charles Street

MERRILL S. SELTZER
Chairman

JOHN C. KNOX
Secretary

PETER F. MORELLI
THOMAS F. JEWELL
DAVID L. SILVERNAIL
MICHAEL E. WESTORT
CHRISTOPHER DINAN

May 22, 1989

Mr. Christopher L. Vaniotis, Attorney
Bernstein, Shur, Sawyer and Nelson
P. O. Box 9729
Portland, Maine 04104

Dear Mr. Vaniotis:

This is in reference to the three variance appeals for New England Rehabilitation Hospital at 13 Charles Street in the R-6 Residence Zone. We understand that the Hospital is contemplating an addition to its existing building in order to provide additional therapy space and to meet the needs of its patients and staff. A proposed addition to the existing building would furnish an additional 20,000 square feet of floor area to serve the existing patients in the Hospital.

The following space and bulk variances are being requested in order to make this additional floor area available to the Rehabilitation Hospital:

1. Front, rear and side yard variances for setbacks (for 10 feet, 20 feet, and 10 feet respectively); In addition location of parking spaces with respect to lot lines (variance of approximately 5 feet).
2. Variance for maximum lot coverage (variance of approximately 7%);
3. Number of parking spaces (variance to reduce the requirement by six (6) spaces on the lot).

These three variances will be included on the agenda for the next Board of Appeals meeting on Thursday evening, June 8, 1989, in Rm. 209, City Hall, Portland, Maine, at 7 P.M. A copy of the agenda for that meeting will be sent to you as soon as copies become available for distribution.

Sincerely,

Warren J. Turner
Warren J. Turner
Administrative Assistant

cc: Merrill S. Seltzer, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
P. Samuel Hoffses, Chief, Inspection Services
Marland Wing, Code Enforcement Officer
William D. Giroux, Zoning Enforcement Officer
Charles A. Lane, Associate Corporation Counsel

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

New England Rehab. Hospital of Portland - 775-4000

February 16, 1990
 Date

Applicant:
 13 Charles St., Portland, ME 04102
 Mailing Address:
 Rehab. Hospital
 Proposed Use of Site:
 33,110 S.P. /
 Acreage of Site / Ground Floor Coverage

13 Charles Street
 Address of Proposed Site
 53-G-1
 Site Identifier(s) from Assessors Maps
 R-6
 Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors _____
 Board of Appeals Action Required: () Yes () No Total Floor Area _____
 Planning Board Action Required: () Yes () No

Other Comments: to const addition - 2-story over parking area
 Date Dept. Review Due: 78' x 50' (Ellsworth St side)

12-28-92 **BUILDING DEPARTMENT SITE PLAN REVIEW** (cover)
 (Does not include review of construction plans)

- Site has existing m/unit structure on Charles/Ellsworth Sts

- Use does NOT comply with Zoning Ordinance - vacant bldg @ 39 Ellsworth
 - Requires Board of Appeals Action (2 1/2 stories)
 - Requires Planning Board/City Council Action which is owned by New Engl Rehab Hosp
- Explanation _____
- Use complies with Zoning Ordinance - Staff Review Below

Zoning:
 SPACE & BULK,
 as applicable

	DATE	ZONING LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	REJECTIONS	LOT AREA	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS
COMPLIES																		
COMPLIES CONDITIONALLY																		
DOES NOT COMPLY																		

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: * 12-28-92 permit never issued *

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

\$50.00 Appeal Fee

\$300.00 Minor Site Plan

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

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

Owner: <u>New England Rehab. Hosp. of Portland</u> Address: <u>13 Charles St., Portland, ME</u> LOCATION OF CONSTRUCTION <u>13 Charles Street</u> Contractor: _____ Sub: _____ Address: _____ Phone # _____ Est. Construction Cost: _____ Proposed Use: <u>Rehab. Hospital</u> Past Use: <u>same w addition</u> # of Existing Res. Units _____ # of New Res. Units _____ Building Dimensions L <u>78</u> W <u>50</u> Total Sq. Ft. _____ # Stories: _____ # Bedrooms _____ Lot Size: _____ Is Proposed Use: <u>Seasonal</u> Condominium Conversion <u>Conditional Use for Institutional Use and</u> Explain Conversion <u>Minor Site Plan Review (7 Site Plans submitted).</u>	For Official Use Only Date <u>7/15/90</u> Subdivision: _____ Inside Fire Limits _____ Name: _____ Bidg Code _____ Lot: _____ Time Limit _____ Ownership: _____ Public _____ Private _____ Estimated Cost _____ Zoning: _____ Street Frontage Provided: _____ Provided Setbacks: Front _____ Back _____ Side _____ Side _____ Review Required: Zoning Board Approval: Yes _____ No _____ Date: _____ Planning Board Approval: Yes _____ No _____ Date: _____ Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____ Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____ Special Exception _____ Other (Explain) _____
--	---

Architect: S.M.R.T. Attr.: Scot Benson - 772-3846

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 Size _____ Span(s) _____
5. Bracing Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

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

Ceiling:

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

Roof:

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

Chimneys:

- Type: _____ Number of Fire Places _____

Heating:

- Type of Heat: _____

Electrical:

- Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

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

Swimming Pools:

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

Permit Received By Joyce M. Rinaldi

Signature of applicant Scot Benson Date Feb. 16, 1990

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor

Yellow-GPCOG

White Tag -CEO

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APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date February 24, 1988
 Receipt and Permit number 2-2783

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: 13 Charles Str
 OWNER'S NAME: New Eng. Rehab. Hospital ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ HID _____	
Fluorescent <u>6</u> (not strip) TOTAL <u>6</u>	3.00
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under <u>x</u> _____	2.50
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: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE: <u>5.50</u>	

INSPECTION:

Will be ready on _____, 19__; or Will Call x
 CONTRACTOR'S NAME: Favreau's Electric
 ADDRESS: 37 Jordan Ave Brunswick ME 04111
 TEL: 725-2005
 MASTER LICENSE NO.: 353R SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY - WHITE



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 15, 1990, 19
 Receipt and Permit number 01262

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: 13 Charles Street
 OWNER'S NAME: New England Rehab. Hosp. of ADDRESS: same
Portland FEES

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

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

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) Fractional _____
 1 HP or over _____

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

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

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

MISCELLANEOUS: (number of) Branch Panels _____
 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 x (replace automatic transfer switch) 2.00
 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. 5.00 miw

INSPECTION: Will be ready on June 15, 1990; or Will Call y

CONTRACTOR'S NAME: Dale P. Colon
 ADDRESS: P.O. Box 131, Naples, ME 04055
 TEL.: 892-2521

MASTER LICENSE NO.: 04689 SIGNATURE OF CONTRACTOR: Dale P. Colon
 LIMITED LICENSE NO.: _____ For Windham Electric

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

ELECTRICAL INSTALLATIONS—

Permit Number 01365

Location 13 Charles St

Owner NE Rehab Hospital

Date of Permit 6-15-90

Final Inspection VSH/DSD

By Inspector

Permit Application Register Page No. 90

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:

REMARKS:

DATE:	REMARKS:

NOT LISTED
INDEXED TO THE
TOTAL WHICH ARE

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



13 Charles Street

MERRILL S. SELTZER
Chairman
JOHN C. KNOX
Secretary
PETER F. MORELLI
THOMAS F. JEWELL
DAVID L. SILVERNAIL
MICHAEL E. WESTORT
CHRISTOPHER DINAN

June 16, 1989

Mr. Christopher L. Vaniotis, Attorney
Bernstein, Shur, Sawyer and Nelson
P. O. Box 9729
Portland Maine 04104


Dear Mr. Vaniotis:

At the meeting of the Board of Appeals on Thursday evening, June 8, 1989, the Board voted by a unanimous vote of seven members present to grant the variances for the New England Rehabilitation Hospital at 13 Charles Street in the R-6 Residence Zone.

These variances include relief from the 10 foot front yard setback, the 20 foot rear yard setback, and the 10 foot side yard setback requirements as set forth in the City Zoning Ordinance for the R-6 Residence Zone, relief from the maximum building coverage requirement to permit 57 percent of the lot to be subject to building coverage, and relief from the off-street parking requirement to reduce the requirement by six (6) parking spaces. These variances will enable the Hospital to construct a building addition on the so-called "Maxfield Lot" and the southeasterly side of the block which the Hospital occupies.

The Board of Appeals also voted by a unanimous vote of seven members to extend the term of these variances for up to two (2) years to allow for additional time in which to complete the construction project.

A copy of the Certificate for Variance is enclosed with a copy of the Board's decision for your client's records.

Sincerely,

William D. Giroux
Zoning Enforcement Officer

Enclosure: Copy of Decision and Certificate of Variance

- cc: Merrill S. Seltzer, Chairman, Board of Appeals
- Joseph E. Gray, Jr., Director, Planning & Urban Development
- P. Samuel Hoffes, Chief, Inspection Services
- Marland Wing, Code Enforcement Officer
- Sarah Green, Planner
- Charles A. Lane, Associate Corporation Counsel
- Warren J. Turner, Administrative Assistant

CERTIFICATE OF VARIANCE APPROVAL

I, MERRILL S. SELTZER, the duly appointed Chairman of the Board of Zoning Appeals for the City of Portland, Cumberland County and State of Maine, hereby certify that on the 8th day of June, 1989, the following variance was granted pursuant to the provisions of 30 M.R.S.A. § 4963 and the City of Portland's Code of Ordinances.

1. Property Owner: New England Rehabilitation Hospital
Assessor's Reference: Char# 53-G-1
2. Property: Cumberland County Registry Book 7357,
Page 18. (Last recorded 9/4/86 Deed in Chain of Title).
3. Variance and Conditions of Variance: Three Variances:
9-21 Charles Street - Front yard: 10 feet; rear yard: 20 feet;
side yard setbacks granted; variance for maximum lot coverage
of 57 instead of 50% of lot area; and number of offstreet
parking spaces reduced by six spaces granted by unanimous vote of Board.

IN WITNESS WHEREOF, I have hereto set my hand and seal
this 22 day of June, 1989.

* Variances extended for up to two years Merrill S. Seltzer
by a unanimous vote of seven members Merrill S. Seltzer, Chairman
present at the meeting.

MERRILL S. SELTZER CHAIRMAN
(Printed or Typed Name)

STATE OF MAINE
Cumberland, ss.

June 22, 1989

Then personally appeared the above-named Merrill S. Seltzer
and acknowledged the above certificate to be his/her free act
and deed in his/her capacity as Chairman of the Portland Board
of Zoning Appeals.

Charles A. Lane
CHARLES A. LANE
ATTORNEY AT LAW
(Printed or Typed Name)
Notary Public

PURSUANT TO 30 M.R.S.A. § 4963, THIS CERTIFICATE MUST BE
RECORDED BY THE PROPERTY OWNER IN THE CUMBERLAND COUNTY
REGISTRY OF DEEDS WITHIN 30 DAYS OF THE GRANTING OF THE
VARIANCE FOR THE VARIANCE TO BE VALID. FURTHERMORE, THIS
VARIANCE IS SUBJECT TO THE LIMITATIONS SET FORTH IN SECTION
14-474 OF THE CITY OF PORTLAND'S CODE OF ORDINANCES.