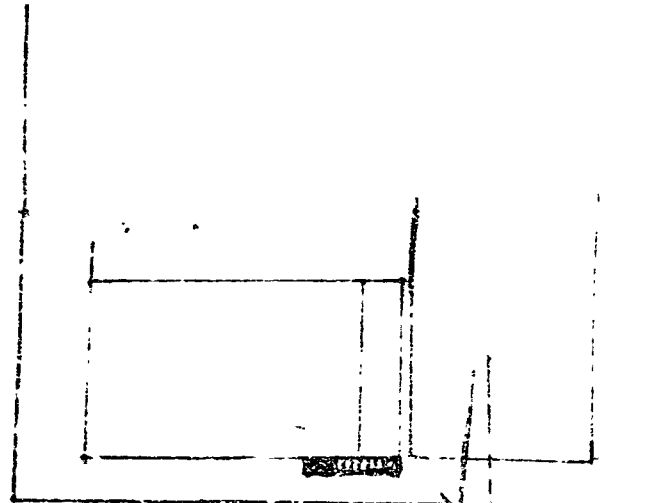


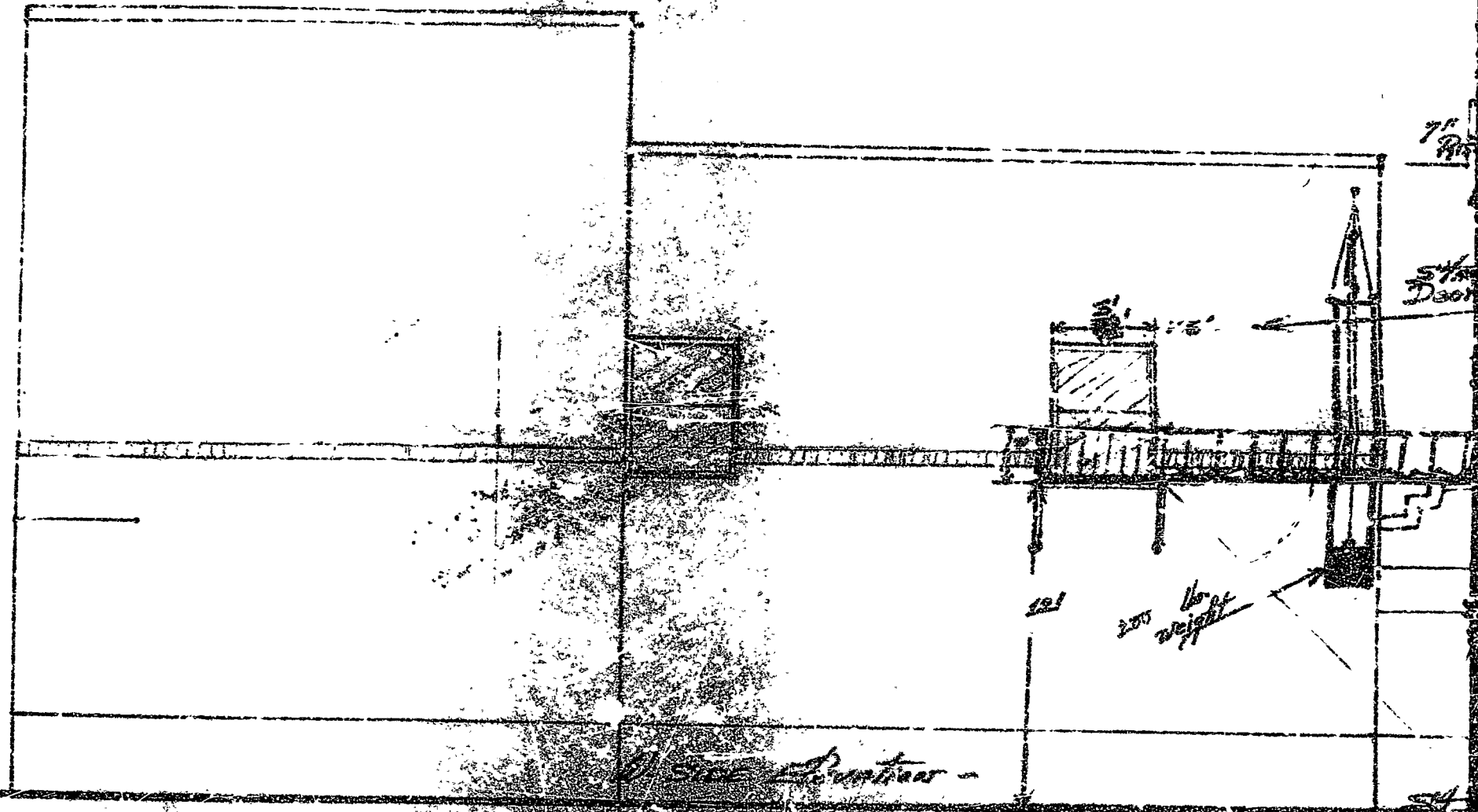
me. construction of
materials used on this
escape and spring
with pictures 2 of 2

Brackery - 27



Pipe

Brackery - 27



7' 8 1/2

5th
Door

200 lbs weight

Water Pump -

Estimated cost of materials
Block 15.00

Materials By Kofe
1/2" x 1/2" x 1/2" plates
1/2" x 1/2" x 1/2" bolts through plates

RECEIVED

sent to Kofe
pic's attached - 1 of 2

Mr. David Klenk
Portland Planning Department
21 March 1988

Page Two

Pursuant to this question is the interpretation of Division 23
Space and Park Regulations and Exceptions City Ordinance. In
Section 14-136, Building Extension it appears that existing
buildings may be extended horizontally, provided the width of the
side yard is not reduced to less than the minimum width of such
yard as existing on June 5, 1957. Would you please advise us as to
the ability to extend this building as described relative to the
provision stated above? We need your help to research the
provisions of the 1957 ordinance in order for us to be in
with our client's renovations.

Please do not hesitate to call if you have any questions.

Sincerely,

Robert E. Howe

Robert E. Howe

REH/dg]

cc: Jeanne Mullt
Alex Jagerman
Steve LaHane

encl. A1 and A2, 19 March 1988

81001.00/
172DK11.DRC08001

392 Brackett Street

May 5, 1964

G. A. Force Company
392 Brackett Street

cc to: Mr. Robert H. Young, Portland Sign Co.
181 Brackett Street

Gentlemen:

We are unable to issue a permit to erect a 6'x4' attached sign which overhangs the sidewalk approximately 6'-6", in violation of Section 16-A-4-a which allows only signs flat against the building in the Business-1 Zone in which this sign is located.

We understand that you desire to exercise your appeal rights and therefore we are certifying this case to the Corporation Counsel's office in Room 208, City Hall where you or your authorized representative should go to file your appeal.

We further understand that this sign is to have steady lighting, is to advertise no goods by brand name, and is to replace an existing belt sign on this building.

Very truly yours,

Gerald E. Mayberry
Deputy Building Inspection Director

cc: [unclear]

BI BUSINESS ZONE



APPLICATION FOR PERMIT TO ERECT
SIGN OVER PUBLIC SIDEWALK OR STREET

Portland, Maine, April 3, 1964

I, the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect the following described sign extending over a public sidewalk or street in accordance with the Building Code of the City of Portland, and the following specifications:

Location 192 Brackett Street Within Fire Limits? Dist. No.

Owner of building to which sign is to be attached Donald Pierce

Name and address of owner of sign C. A. Pierce Co., 192 Brackett St.

Contractor's name and address Portland Sign Co., 181 Brackett St. Telephone

When does contractor's bond expire? December 31, 1964

Information Concerning Building

No. stories 3 Material of wall to which sign is to be attached frame appeal denied

Details of Sign and Connections

Building owner's consent and agreement filed with application yes

Electric? yes Vertical dimension after erection 4' Horizontal 6'

Weight 95 lbs. Will there be any hollow spaces? yes Any rigid frame? yes

Material of frame angle iron No. advertising faces 2 material plastic 24 sq. feet Flexiglass

No. rigid connections 2 Are they fastened directly to frame of sign? yes

No. through bolts Size Location, top or bottom

No. guys 5, material cable Size 5/16"

Minimum clear height above sidewalk or street 10'

Maximum projection into street 6'6" Fee \$ 2.00

Signature of contractor By:

Portland Sign Co.
Robert W. Greening

INSPECTION COPY



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, September 21, 1959

PERMIT ISSUED

SEP 22 1959 11270

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 192 Brackett St. Use of Building Store No. Stories 2 1/2 New Building Existing " Name and address of owner of appliance G. A. Pierce Co., Inc., 192 Brackett St. Installer's name and address Howard Carroll, 235 Brackett St. Telephone 3-5770

General Description of Work

To install (1) Heatmaster Heat Reclaimer (Manufactured by Eastern Heat Conservation Corp. which is approved by University of Maine Dept. of Ind. Research) in accordance with the conditions of that approval. Are the installation instructions of the manufacturer on file in Bldg. Dept.? Yes

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? none If so, how protected? Kind of fuel? oil Minimum distance to burnable material, from top of appliance or casing top of furnace 3' From top of smoke pipe 3' From front of appliance 4' From sides or back of appliance 9' Size of chimney flue 9" Other connections to same flue none If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Permit Issued with Letter

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

IF COOKING APPLIANCE

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

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Is present appliance oil-burning and adequate to provide such draft after reclaimer is installed to maintain safe conditions? yes Give name and license number if licensed oil burner man one of whom will install this equipment. Howard Carroll - Has initial static draft of chimney been tested (and by Howard Carroll) and found to be at least 3" of water? yes - Will you be responsible for testing initial static draft after reclaimer is installed? Yes - and if less than 3" plus of water for reclaimer inoperative and reporting condition to owner and if Bldg. Dept. Yes if reclaimer has hand operated cleaner and permanent conspicuous notice warning to clean at least once weekly, and see to it that operating handle is easily accessible? yes - Will you see to it that reclaimer and smokepipe are safely supported using only nonburnable supports and braces? yes - Is any duct work to be connected to reclaimer? No

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED 9.17.59 [Signature] 9/22/59 with letter [Signature]

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

MAINE PRINTING CO.

INSPECTION COPY

Signature of Installer

Howard Carroll

710

AP-192 Brackett St.
Installation of Noatmaster Kect Reclaimer for C. A. Pierce, Co., Inc. by Howard Carroll

Sept. 22, 1959

Mr. Howard Carroll
235 Brackett Street
C. A. Pierce Co., Inc.
192 Brackett Street

Gentlemen:

The application for the permit for the above installation, which Mr. Carroll signed in this office, became considerably mixed-up in the typing. That the record may be clear for both of you and for our Field Inspector the permit is issued subject to the following conditions which are not made clear in the application:

Before filing the application Mr. Carroll had already tested the initial static draft of the chimney and had found it to be at least 0.03 inches of water. After reclaimer is installed he will be responsible for testing the initial static draft; and, if less than 0.02 inches of water he will make the reclaimer inoperative and will report the condition to the owner and to this department.

Since the reclaimer has hand operated cleaning device, he will post on or near the reclaimer a permanent, conspicuous notice warning the owner to clean the reclaimer at least once weekly; and he will see to it that the operating handle of the cleaner is easily accessible.

If there is any doubt about the above, or, about the statements which Mr. Carroll has agreed to in the application, please contact the undersigned before the installation is commenced.

Very truly yours,

Warren McDonald
Acting Deputy Inspr. of Bldgs.

WMC:sa



APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class
Portland, Maine, July 19, 1954

PERMIT ISSUED
00995
JUL 19 1954
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 192 Brackett Street Within Fire Limits? _____ Dist. No. _____
 Owner's name and address Daniel T. Shaw, 25 Higgins St. Telephone _____
 Lessee's name and address _____ Telephone _____
 Contractor's name and address owner Telephone _____
 Architect _____ Specifications _____ Plans no No. of sheets _____
 Proposed use of building Furniture repair and storage No. families _____
 Last use _____ " _____ " _____ No. families _____
 Material frame No. stories 1-2 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____ Fee \$ 50
 Estimated cost \$ 50

General Description of New Work

To remove a 1-story projection about 5'x14' on the side toward Pine Street and to properly close in the remaining building with weatherproof covering.

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 owner**

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 _____
 Material of underpinning _____ Height _____ Thickness _____
 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 _____ Girt or ledger board? _____ Size _____
 Girders _____ Size _____ 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 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

Daniel T. Shaw
Signature of owner _____

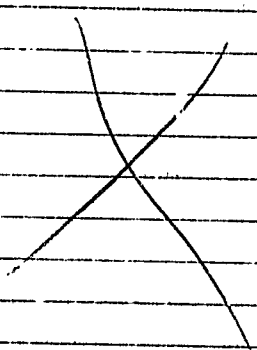
NOTES

7-20-54 Dem. sidewalk
Granite block on ground
to support 4"x6" sill
14 ft span. May be
used for dead storage
garage.

7-21-54 Suggested the
carpenter close in wall
with 2"x4"-16" oc. @.

7/22/54 - Got curious
about this job so
looked it over.
Found carpenter
was building in
with 2"x4"-16" C.C. and
leaving openings for
2 small windows. Tld
him to put header
over each window
and suggest stud
above header thus
to make studs
16" C.C.

with



1954 7-21

Permit No. 541

Location 192 Brackett St

Owner Samie Blane

Date of permit 7/19/54

Neft. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

Staking Out Notice

Form Check Notice



within

2) LIMITED BUSINESS ZONE

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, April 16, 1952

PERMIT ISSUED
00490
APR 16 1952
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to ~~construct~~ demolish ~~to~~ the following building ~~structure~~ 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 192 Brackett Street (rear) Within Fire Limits? yes Dist. No. _____
Owner's name and address Irma G. Shaw, 25 Higgins Street Telephone _____
Lessee's name and address _____ Telephone _____
Contractor's name and address Daniel Shaw, 25 Higgins Street Telephone _____
Architect _____ Specifications _____ Plans no No. of sheets _____
Proposed use of building Furniture repairing and No. families _____
Furniture repairing &
Last use lumber shed for carpenter's shop No. families _____
Material wood No. stories 2 Heat _____ Style of roof _____ Roofing _____
Other buildings on same lot _____
Estimated cost \$ 50 Fee \$ ~~2.00~~ 50

General Description of New Work

To demolish 2-story frame shed 35' x 30' on rear of furniture repairing shop. End wall of shop is remain as is. A 15' x 20' portion of this shed is to remain and outside walls to be studded up with 2x4 studs, 16" on centers, boarded up on outside and not finished on the inside. To relocate stairway in this 15' x 20' portion of shed.

INSPECTION NOT COMPLETED 4/16/53 *egm*

Permit Issued with Letter
CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

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 Daniel Shaw

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? _____
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 _____
Material of underpinning _____ Height _____ Thickness _____
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 _____ Girt or ledger board? _____ Size _____
Girders _____ Size _____ 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:

With letter by [signature]

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

Daniel Shaw

Signature of owner? *[Signature]*

INSPECTION COPY

NOTES

7-15-52. Work concerning aligning frame
Portion of base to be demolished
has been demolished. Part to be
replaced has been done. But. He has
sprung on outside studs which
are supposed to be full length from
sill to girt & from girt to plate.

8-14-52 - Work still going on. WJM

9-12-52 work appears to be finished
unable to get in to check. WJM

11-18-52 Unable to get in
to check. WJM

Permit No. 54190
Location 92 Brackett St (rear)
Owner Gene C. Shaw
Date of permit 4/21/52
Notif. closing-in
Inspn. closing-in
Final No. of INSPECTION NOT COMPLETED
Final Inspn. 11/16/53 WJM
Cert. of Occupancy issued

28-11-52
11-18-52

RE 192 Brackett Street (over)

April 21, 1932

Mr. Daniel T. Shaw
25 Higgins Street
Portland, Maine

Dear Mr. Shaw:

Building permit for demolition of a two story wood frame shed on the rear of the building at 192 Brackett Street is issued herewith on the basis that the outside of the walls of that portion of the building which is to be exposed by the removal of the part to be removed is to be covered with clap boards or some other material which is undoubtedly weather resistive. Wood, asphalt, or asbestos shingles are acceptable for this purpose, but roll roofing is not.

Additional studs will need to be provided in the new outside wall to provide the equivalent of 16" on center spacing. Where an opening is to be cut in the existing floor framing for the new stairway, header and trimmer beams around the opening will need to be doubled.

Very truly yours,

Warren McDonald
Inspector of Buildings

WJS/B

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **Portland**

Street Subdivision Lot #: **192 Brackett Street**

PROPERTY OWNERS NAME

Last: **Mercy Hospital** First:

Applicant Name: **Kalley Associates, Inc.**

Mailing Address of Owner/Applicant (if Different): **P.O. Box 1310 Westbrook, Maine 04092**

PORTLAND
Date Permit Issued: **7/29/88** PERMIT # **3,110** IS IN COPY
\$ **26.00** FEE Charged

Local Plumbing Inspector Signature: _____ L.P.I. # _____

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

Signature of Owner/Applicant: _____ Date: _____

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

Local Plumbing Inspector Signature: _____ Date Approved: **AUG 4 1988**

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
2. RELOCATED PLUMBING

AUG 2 1988

Type Of Structure To Be Served:

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

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 # 022617

Hook-Up & Piping Relocation Maximum of 1 Hr. of Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	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	6	Sink
OR HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
		Indirect Waste	6	Water Closet ("toilet")
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations:	Other:		Water Heater	
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1	
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		13	Total Fixtures
		\$		Fixture Fee
		\$		Hook-Up & Relocation Fee
		\$ 36		Permit Fee (Total)

TOWN COPY



MERCY HOSPITAL

PLANT AND ENGINEERING

PROJECT SCOPE

LOCATION: 192 Bracket Street

DEPT: ChildCare Program

COST EST: \$10,000 includes Main + Portland Water District Costs.

START DATE: 6/15/88

FINISH DATE: 8/15/88

SCOPE OF WORK:

Provide and install complete sprinkler system as per code #5111 and as per conversation with Lt. Collins. Work to include separate main (water) and tying into alarm system.

REASON:

ChildCare Program requirements for use of this building.

CONTRACTORS:

High Teck Fire Protection
P.A. Ricci - General Contractor
Simplex Recorder of Maine
Portland Water District

RECEIVED

JUN 16 1988

BUILDING CODES/MATERIALS:

City and State Fire Codes
NFPA
ChildCare Regulations
BOCA

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND

MERCY HOSPITAL
CHECK REQUEST FORM

TO: FISCAL SERVICES - ACCOUNTS PAYABLE DATE: June 15, 1988
FROM: Plant and Engineering Dept.

Please Draw A Check Payable To:

NAME: City of Portland
ADDRESS: Department of Building Inspections/Permits
Portland, Maine 04101

In The Amount Of: \$ 70.00

PURPOSE: Application for Permit for the Fire Protection
System at 192 Bracket Street. Estimated cost
for this is \$10,000.00

Accounts Payable Project #8026
Disctribution Acct #1630-1010

a/c #: _____ \$ _____
a/c #: _____ \$ _____
a/c #: _____ \$ _____

Distribution: _____
Pay Date: _____

PRIORITY
Routine: _____
Other: A.S.A.P. (Please indicate date needed)

When check is ready: _____
Mail to address above: _____
Deliver to: _____
Requested by: Mary Perry 6/25/88
APPROVED BY: _____

PLEASE NOTE: All proper account numbers and approvals must be obtained prior to submission of check request forms. Any and all incomplete check request forms will be returned to the appropriate department for corrections.

BUILDING PERMIT REPORT

DATE: 6-21-88
ADDRESS: 192 Brachett St.
REASON FOR PERMIT: Sprinkler System
BUILDING OWNER: Mercy Hospital
CONTRACTOR: 1.
PERMIT APPLICANT: Marc Perry
APPROVED: rx DENIED

CONDITION OF APPROVAL OR DENIAL:

- 1.) The system shall comply with NFPA #13 standards.
- 2.) A complete test shall be conducted and a copy of the results furnished this office prior to the issuance of the Certificate of Occupancy



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to Mercy Hospital LOCATION 192 Brackett Street Date of Issue September 13, 1988

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. _____, 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

entire

child daycare

Limiting Conditions:

This certificate supersedes
certificate issued

Approved: 9/13/88 Maria Tracy
(Date) Inspector

James J. [Signature]
Inspector of Buildings

DO
84

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.

PERMIT # 000724 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.
 Attn: Marc Reny - 879-3574
 Owner: Mercy Hospital, Morse, Payson & Noyes, Gendron Realty
 Address: 144 State Street, Portland, Maine 04101
 LOCATION OF CONSTRUCTION 192 Brackett St.
 CONTRACTOR: Mercy Hospital SUBCONTRACTORS: _____

For Official Use Only	
Date: <u>15, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits: _____	Name: _____
Blgd Code: _____	LA: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>\$10,000.00</u>	Permit Expiration: _____
Value/Structure: _____	Ownership: _____ Public _____ Private _____
Fee: <u>70.00</u>	

ADDRESS: _____
 Est. Construction Cost: \$10,000.00 Type of Use: Child Care
 Past Use: _____
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 _____ Conversion - Explain Installation of fire protection systems,

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE as per plans.
 Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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

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

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

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

PERMIT ISSUED WITH LETTER

PERMIT ISSUED
 Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____
 2. Ceiling Strapping Size: _____ Spacing _____
 3. Type Ceilings: _____ Size JUN 24 1988
 4. Insulation Type _____
 5. Ceiling Height: _____
 City of Portland

Roof:
 1. Truss or Rafters 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 NO 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: _____ Square Footage _____
 2. Pool Size: _____ x _____
 3. Must conform to National Electrical Code and State Law.

Zoning:
 District _____ 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 Exception _____
 Other (Explain) _____
 Date Approved _____

Permit Received By Joyce M. Rinaldi
 Signature of Applicant [Signature] Date 6/15/88

Signature of CEO _____ Date _____

Inspection Dates _____

PLOT PLAN

N



FEES (Breakdown From Front)
Base Fee \$ 70.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS 9-9-81 Sub all completed. Sent - Conf

Signature of Applicant _____ Date _____



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 192 Brackett Street

Issued to Mercy Hospital

Date of Issue October 24, 1988

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. 88/709, 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

Day Care Center

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

10/24/88 M. L. Seay
(Date) Inspector

OR

James P. Collins, Sr.
Inspector of Building

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.

Certificate of Occupancy
Merry Hospital
14 State St
Pittsford

Re 192 Brackett St

Day care center

Merlin Leary

PERMIT # 000709 CITY OF Portland BUILDING PERMIT APPLICATION MAP # LOT#

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

Owner: Mercy Hospital, Genon Realty, Moss Payson & Noise

Address: 144 State St., Portland

LOCATION OF CONSTRUCTION 192 Brackett St., Portland

CONTRACTOR: Mercy Hospital SUBCONTRACTORS: 879-3574

ADDRESS: 144 State S.

Est. Construction Cost: \$35,000 Type of Use: Hospital/Renovate

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

_____ Conversion - Explain Renovation as per plans

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: _____
 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 _____

For Official Use Only	
Date: <u>June 10, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits: _____	Block: _____
Blb Code: _____	Permit Expiration: _____
Time Limit: _____	Ownership: _____ Public _____ Private _____
Estimated Cost: <u>\$35,000</u>	
Value Structure: _____	
Fee: <u>\$195.00</u>	

PERMIT ISSUED

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing JUN 16 1988
 3. Type Ceilings: _____
 4. Insulation Type _____
 5. Ceiling 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 _____

Plumb:
 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 000,001

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

Zoning: District B-1 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 _____
 Other (Explain) _____
 Date Approved: June 10, 1988

Permit Received By Nancy L. Dzema

Signature of Applicant: [Signature] Date: 6/14/88

PERMIT ISSUED WITH LETTER

OT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25.00 _____

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ 170.00 _____

(Explain) _____

Late Fee \$ _____

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

COMMENTS

*S-12 SF structure has not been part of a new number
and was found in the plan of the building
10-24-88 / This is OK for R-1-C*

Signature of Applicant _____

Date _____



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

June 16, 1988

Mercy Hospital
144 State Street
Portland, ME 04101

Re: 192 Brackett Street, Portland

Dear Sir:


Your application to change of use to day care has been reviewed and a permit is herewith issued subject to the following requirements:

1. Separate permits and approvals will be required for the sprinkler and alarm system.
2. Has a lease been made to use reiche play area for open space?
3. Have any provisions been made for off street parking on site or off?

Please submit answer to questions 2 and 3 before work begins.

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

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

PSH/jmv

 **MERCY HOSPITAL**

PLANT AND ENGINEERING

PROJECT SCOPE

LOCATION: 192 Bracket Street (Old Pierce Furniture Building)
DEPT: Hospital Administration
COST EST: \$35,000.00
START DATE: JUNE 13, 1988
FINISH DATE: JUNE 31, 1988

SCOPE OF WORK:

Construction of walls, staircase, ramp (Handicap Access) partitions and finish work as directed by blue prints. Installation of electrical devices, lighting and fire alarm system to include smoke detection and audio alarms. Repairs to existing facility to include heating system, water system and front steps.

REASON:

Facility to be used for ChildCare Center upon completion of work and City and State inspections.

CONTRACTORS:

HIGH TECK FIRE PROTECTION
R.M. AUBE CO. - Structural and Front Steps
MERCY HOSPITAL - Construction/Electrical/Heating + Finish Work
SIMPLEX OF ME. - Fire Alarm System
AMICO'S FLOORING CENTER - Tile + Carpeting Requirements

BUILDING CODES/MATERIALS:

- o ALL CITY + STATE CODES
- o STATE OF MAINE CHILDCARE REGULATIONS (1987)
- o NFPA (1988)
- o BOCA (1987)

TECHNICAL ASSISTANCE/CONSULTANTS:

- o KELLY ASSOCIATES (Mechanical)
- o SIMPLEX INC. OF MAINE (Technical)
- o U.S.M. (Portland Campus) Facilities Layout
- o TERRAIN ARCHITECTS (Blue Prints/Structural)

144 State Street, Portland, Maine 04101-3795 207-879-3000



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 19, 1988 19
 Receipt and Permit number 24365

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: 192 Brackett Street
 OWNER'S NAME: Mercy Hospital ADDRESS: 144 State Street

	FEES
OUTLETS:	
Receptacles 31-60 Switches 1-30 Plugmold 1-30 ft. TOTAL 31-60	6.00 3.00
FIXTURES: (number of)	
Incandescent <u>X</u> Fluorescent <u>X</u> (not str.) TOTAL 1-10 (30)	3.00 9.00
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 <u>1</u> Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers <u>1</u>	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL	<u>3.00</u>
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 _____	
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>24.00</u>

INSPECTION:
 Will be ready on _____, 19__; or Will Call X
CONTRACTOR'S NAME: Mercy Hospital
ADDRESS: 144 State Street
TEL.: 879-3309
MASTER LICENSE NO.: 02358 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

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

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 7/25/88 by Freeman Lewis

PROGRESS INSPECTIONS: 8/25/88 _____

Permit Application Register Page No. 38

By Inspector _____

Final Inspection _____

of Permit _____

ELECT 29365

INSTALLATIONS —

92 Bruce H. Clark

Murray Hoppell

7/19/88

Freeman Lewis

DATE:	REMARKS:

08:01
 COMP
 DATE 9/5/88

909 Main Savings Plaza
Portland, Maine 04101
207 779-0016

T E R R I E N
A R C H I T E C T S

21 March 1988

Mr. David Kleck
City Planning Department
Portland City Hall
189 Congress Street
Portland, Maine 04101

RE: 192 Brackett Street Day Care Facility
1' #88001.00

Dear David,

Following up on your counsel, this letter requests the Planning Department to consider the attached plans for interpretation relative to the requirements of the City's Site Plan Ordinance.

The plan shows a new stairway to be constructed outside the existing building footprint. This new construction is approximately 6.5 feet from the property side lot line. There exists a metal one-story building which is 5'-0" from the same property line on the rear of the older portion.

At present, the building is occupied by Prince Furniture Store and is used for retail of new furniture. The attached plans describe the building renovations. It is intended that renovations to the building are to provide space for day care facilities for infants, toddlers, preschool and kindergarten aged children.

Our immediate question is relative to the permissibility of constructing the new exterior stairway, circled in red on the attached plan, which may encroach on the required side lot setback as described in the ordinance where a B-1 zone abuts an R-6 zone.

We have discussed this issue briefly with Warren Tuttle and he, from his memory, believes that the R-6 and B-1 boundary is the east property line of this parcel. We have shown a small plot plan on sheet A2, attached.

George B. Terra, Richard K. Renner, Robert E. Howe, Donald R. McGilvery, Thomas N. Emery, Brian O. Leonard

PERMIT # 669 CITY OF Portland BUILDING PERMIT APPLICATION 5

MAP # _____ LOTS _____

Please fill out any part which applies to job. Proper plans must accompany form.
 ATTORNEY: GENEVIEVE REARY
 Owner: Mercy Hospital, Genov Reary, Moss Payson & Noise
 Address: 144 State St., Portland
 LOCATION OF CONSTRUCTION: 193 Brackett St., Portland
 CONTRACTOR: Mercy Hospital SUBCONTRACTORS: 879-3574
 ADDRESS: 144 State St
 Est. Construction Cost: \$35,000 Type of Use: Hospital/Renovate
 Building Dimensions: 1 W. 1 E. 1 H. # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain: Renovate in as per plans

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: _____
 5. Other: _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joist Size: _____ Spacing to G.C. _____
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____
 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

Date: <u>June 18, 1988</u>	Subdiv. Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Fire Panels _____	Minor _____
1-2 Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$35,000</u>	Permit Expiration: _____
Value: _____	Ownership: _____ Public _____ Private _____
Fee: <u>25</u>	

Ceiling:
 1. Ceiling Joist Size: _____
 2. Ceiling Strapping Size: _____
 3. Type Ceiling: _____
 4. Insulation Type: _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size: _____ Span _____
 2. Sheathing Type: _____
 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 _____
 3. No. of Showers _____
 4. No. of Flushes _____
 5. No. of Lavatories _____
 6. 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 _____ 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 Exception _____
 Other (Explain) _____
 Date Approved: _____

Permit Received By Nancy L. Dzema

Signature of Applicant [Signature] Date 6/18/88

Signature of CEO _____ Date _____

Inspection Dates _____

5 Mr. Leary

B

PERMIT # 734 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.
Atttn: Marc Remy - 879-3574
Owner: Mercy Hospital, Morse, Payson & Noyes, Gordon Realty

Address: 144 State Street, Portland, Maine 04101
LOCATION OF CONSTRUCTION: 192 Brackett St.

CONTRACTOR: Mercy Hospital SUBCONTRACTORS: _____

ADDRESS: _____
Est. Construction Cost: \$10,000.00 Type of Use: Child Care

Part Type: _____
Building Dimensions: _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____
Conversion - Existing: _____
Installation of fire protection systems.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE as per plans.
Residential Buildings: _____
of Dwelling Units: _____ # of New Dwelling Units: _____

Foundations:
1. Type of Soil: _____
2. Set Back: Front _____ Easement _____ Side(s) _____
3. Footings: _____
4. Piers: _____
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 Material: _____
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
Date: June 14, 1988 Subdivision: _____ Yes ? No _____
1. Job File No. _____ Name: _____
2. City Code: _____ Lot: _____
3. Time Used: _____ Block: _____
4. Estimated Cost: \$10,000.00 Fee: _____
5. Value of Structure: _____ Public _____
6. Fee: 79.00 Private _____

PERMIT ISSUED

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size: _____ Spacing: 24" 1988
3. Type Ceiling: _____
4. Insulation Type: _____
5. Ceiling Height: _____

Roof:
1. Truss or Rafter Size: _____ Footing _____
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: _____ x _____ Square Footage: _____
3. Must conform to National Electrical Code and State Law.

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

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance: _____ Site Plan: _____
Shore and Floodplain Mgmt: _____ Special Exception: _____
Other: _____ (Explain) _____
Date Approved: _____

Permit Received By: Joyce M. Binaldi

Signature of Applicant: [Signature] Date: 6/16/88

Signature of CEO: [Signature] Date: _____

Inspection Dates: _____

000863

Permit # 000863 City of Portland BUILDING PERMIT APPLICATION Fee \$45. Zone _____ Map # _____ Lot# _____

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

Owner: Brackett St. Assoc. Phone # _____
 Address: 100 Middle St; Ptld. ME 04101
 LOCATION OF CONSTRUCTION 192 Brackett St.
 Contractor: Dean Cressey Sub: _____
 Address: 8B Brookside Dr; Windham ME 04162 Phone # 892-7031 ← call to pick up
 Est. Construction Cost: \$5,000. Proposed Use: day-care center
 Past Use: day-care center
 # 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 ALTERATIONS: 2 new partitions

For Official Use Only

Date 7/6/90 Subdivision: _____ **PERMIT ISSUED**
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot # JUL 17 1990
 Time Limit _____ Ownership: _____
 Estimated Cost: \$5,000. **City of Portland**
 Zoning: B-1
 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 _____ Subdivisor _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (By whom) OK W.D.A. 7-13-90

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

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

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

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

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

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 Dean Cressey **PERMIT ISSUED** 7-6-90

Signature of CEO [Signature] **WITH LETTER** 7-11-90

Inspection Dates _____

Permit # 000863 0683 City of Portland BUILDING PERMIT APPLICATION Fee \$45. Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Brackett St. Assoc. Phone # _____
 Address: 100 Middle St; Ptd. ME 04101
 LOCATION OF CONSTRUCTION 192 Brackett St.
 Contractor: Dean Cressey Sub: _____
 Address: 88 Brookside Dr; Windham Phone # 892-7031 *call to pick up*
 Est. Construction Cost: ME 04162 Proposed Use: day-care center
\$5,000. Past Use: day-care center
 # 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 ALTERATIONS: 2 new partitions

For Official Use Only
 Date 7/6/90 Subdivision: **PERMIT ISSUED**
 Inside Fire Limits _____ Name _____
 Blg Code _____ Lot July 17 1990
 Time Limit _____ Ownership: _____
 Estimated Cost: \$5,000. City of Portland
 Zoning: B-1
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK WOOD 7-13-90

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: 92
 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 Material: _____

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

Permit Received By Louise E. Chase
 Signature of Applicant Dean Cressey Date 7-6-90
 Signature of CEO Jean Cr... **PERMIT ISSUED WITH LETTER**
 Inspection Dates _____
 White-Tax Assessor _____ Yellow-GPEOG _____ White Tag - CEO _____
 © Copyright GPCOG 1988
5/11/90

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 45-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS

Signature of Applicant

Dean Cross

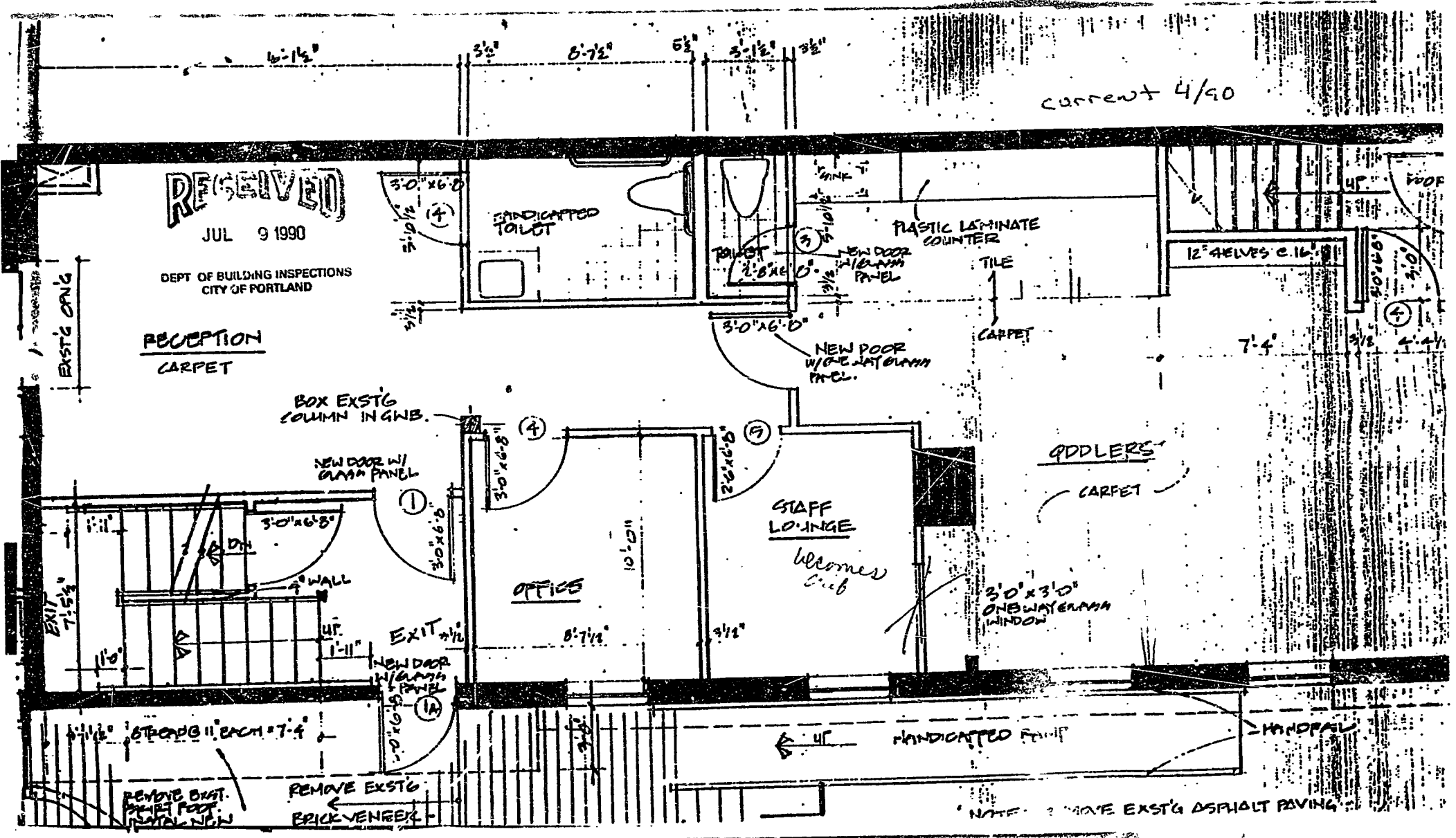
Date

7-6-90

BUILDING PERMIT REPORT

DATE: 9-11-90
ADDRESS: 192 Brackett St
REASON FOR PERMIT: alteration - two new partitions
BUILDING OWNER: Brackett St Assoc
CONTRACTOR: Dean Cassey
PERMIT APPLICANT: Dean Cassey
APPROVED: Not ~~DENIED~~
CONDITION OF APPROVAL OR DENIAL:

- ① Single station smoke detector shall be provided in all rooms used for sleeping. Smoke detectors shall be powered by the building power supply.



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 DEPT OF BUILDING INSPECTIONS
 CITY OF PORTLAND

current 4/90

RECEPTION
 CARPET

HANDICAPPED TOILET

PASTIC LAMINATE COUNTER
 TILE
 CARPET

12" SHELVES C.I.L.

NEW DOOR W/ ONE WAY GLASS PANEL

BOX EXSTG COLUMN IN G.W.B.

ADDLERS
 CARPET

STAFF LOUNGE
 Welcome
 Club

OFFICE

3'0" x 3'0" ONE WAY GLASS WINDOW

HANDICAPPED PAATH

STAIRS 11" EACH x 7'-4"

REMOVE BRKT. SHEET FOOT. REPAIR NEW

REMOVE EXSTG BRICK VENEER

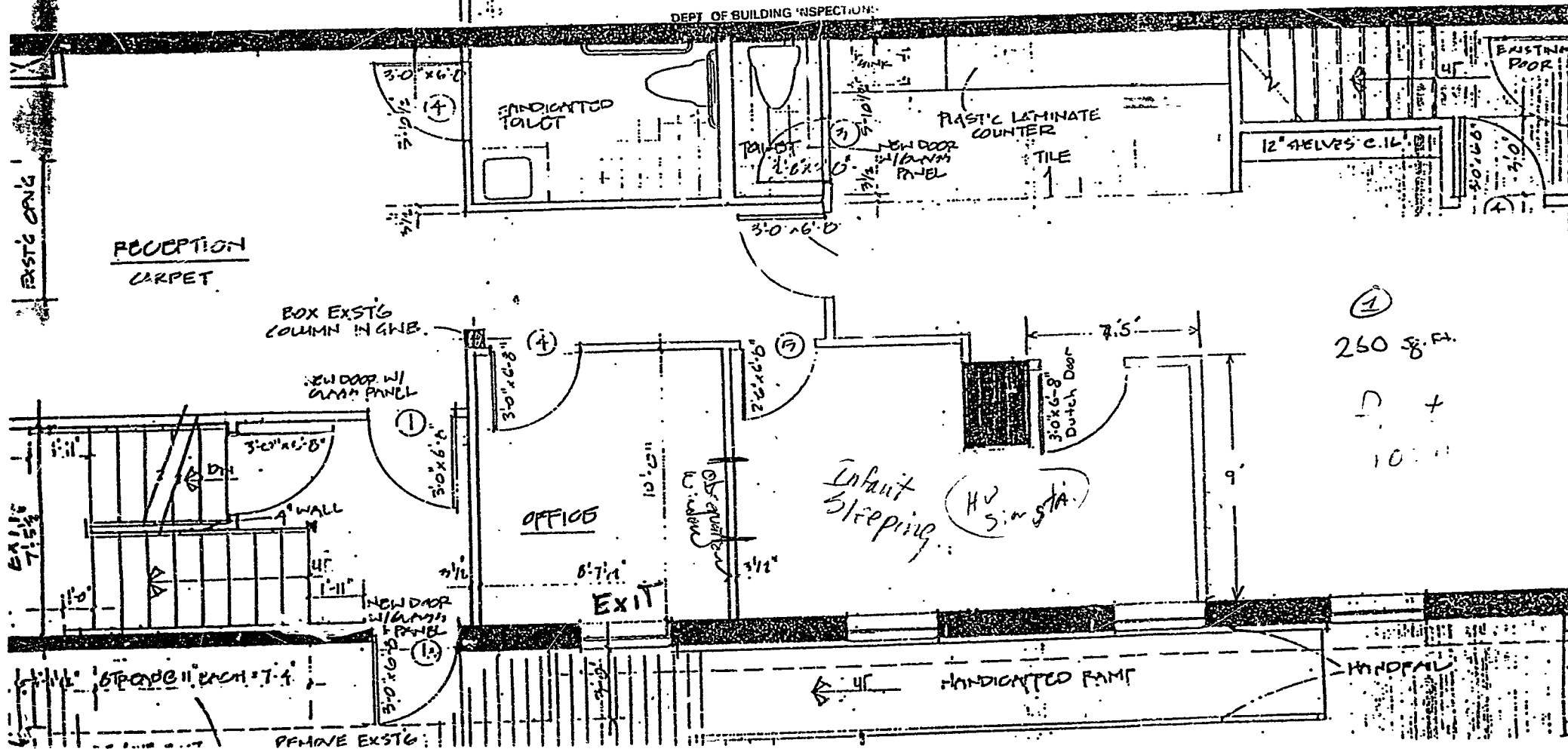
NOTE: REMOVE EXSTG ASPHALT PAVING

RECEIVED

JUL - 9 1990

Proposed For 7/90

DEPT. OF BUILDING INSPECTION



①
260 sq. ft.
D +
10'

Infant sleeping
HV 5.0 STA.

