

17-18 BRAMBALL STREET

CHAMPALKER

100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200

PERMIT TO INSTALL PLUMBING

PERMIT NUMBER **407**

Date Issued **5-19-72**

Portland Plumbing Inspector  
By **ERNOLO R. GOODWIN**

Date **5-23-72**  
By **ERNOLO R. GOODWIN**

Date **5-23-72**  
By **ERNOLO R. GOODWIN**  
PLUMBING INSPECTOR

- Type of Bldg.
- Commercial
  - Residential
  - Single
  - Multi Family
  - New Construction
  - Remodeling

Address **19 Bramhall St.**

Installation For: **Dr. Emerson Drake**

Owner's Address: Same Date: **5-19-72**

Plumber: **Arnold Jensen**

**28 Merrill Rd. Falmouth** NO. FEE

NEW	REPL.		NO.	FEE
		SINKS		
<b>E</b>		LAVATORIES	8	11.80
<b>X</b>		TOILETS	4	2.40
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
		SEPTIC TANKS		
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
			TOTAL 12	14.20

Building and Inspection Services Dept. Plumbing Inspection

*Granted w/cond.*

*4-13-72*

CITY OF PORTLAND, MAINE  
IN THE BOARD OF APPEALS

CONDITIONAL USE APPEAL

Maine Medical Center, owner of property at 19 Bramhall Street under the provisions of Section 24 of the Zoning Ordinance of the City of Portland, hereby respectfully petitions the Board of Appeals to: permit and certificate of occupancy to change the use of the dwelling at the above named location to four doctors offices. This permit is presently not issuable under the Zoning Ordinance because such a use is not allowable in the R-6 Residential Zone in which the property is located unless authorized by the Board of Appeals under the provisions of Section 602.7A.7.c. of the Ordinance.

LEGAL BASIS OF APPEAL: Such permit may be granted only if the Board of Appeals finds that such use of the premises will not adversely affect property in the same zone or neighborhood and will not be contrary to the intent and purpose of the Ordinance.

Maine Medical Center  
APPELLANT  
*Donald W. Paul, Adm. Eng.*

DECISION

After public hearing held April 13, 1972, the Board of Appeals finds that such use of the premises will not adversely affect property in the same zone or neighborhood and will not be contrary to the intent and purpose of the Ordinance.

It is, therefore, determined that permit should be issued in this case, provided however, that the Appeal is amended to read "Office space for four doctors."

*[Signature]*  
*[Signature]*  
*[Signature]*

BOARD OF APPEALS

17-19 Bramhall Street

March 24, 1972

Donald W. Bail  
Maine Medical Center  
22 Bramhall Street

cc to: Corporation Counsel

Dear Mr. Bail:

Building permit and certificate of occupancy to change the use of the dwelling at the above named location to four doctors offices are not issuable under the Zoning Ordinance because such a use is not allowable in the R-6 Residential Zone in which the property is located unless authorized by the Board of Appeals under the provisions of Section 602.7A.7.c of the Ordinance.

We understand that you would like to exercise your appeal rights in this matter. Accordingly you or your authorized representative should come to this office in Room 113, City Hall to file the appeal on forms which are available here. Fee of \$15.00 for a conditional use appeal shall be paid at the office at the time the appeal is filed.

Very truly yours,

Malcolm G. Ward  
Plan Examiner

MGW:m

CITY OF PORTLAND, MAINE  
IN THE BOARD OF APPEALS

April 3, 1972

TO WHOM IT MAY CONCERN.

The Board of Appeals will hold a public hearing in Room 209, City Hall, Portland, Maine on Thursday, April 13, 1972 at 4:00 p.m. to hear the appeal of Maine Medical Center requesting an exception to the Zoning Ordinance to permit and certificate of occupancy to change the use of the dwelling to four doctors offices at 19 Bramhall Street.

This permit is presently not issuable under the Zoning Ordinance because such a use is not allowable in the R-6 Residential Zone in which the property is located unless authorized by the Board of Appeals under the provisions of Section 602.7A.7.c. of the Ordinance.

This appeal is taken under Section 24 of the Zoning Ordinance which provides that such permit may be granted only if the Board of Appeals finds that such use of the premises will not adversely affect property in the same zone or neighborhood and will not be contrary to the intent and purpose of the Zoning Ordinance.

All persons interested either for or against this appeal will be heard at the above time and place, this notice of required public hearing having been sent to the owners of property within 500 ft. of the premises in question as required by Ordinance.

BOARD OF APPEALS

William B. Kirkpatrick  
Chairman



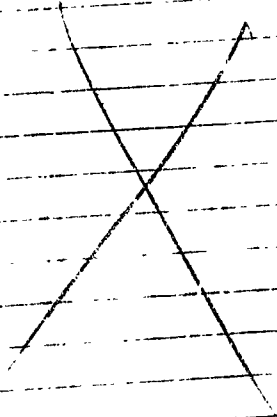
Permit No. 44/347  
Location 19 Bramhall St.  
Owner Mrs. B. G. March  
Date of permit 5/11/44.  
Notif. closing-in \_\_\_\_\_  
Inspn. closing-in \_\_\_\_\_  
Final Notif. \_\_\_\_\_  
Final Inspn. 5/25/44  
Cert. of Occupancy issued None

NOTES

5/11/44 Work not started

5/18/44 Same as above

5/25/44 Work done OK





APARTMENT HOUSE  
APPLICATION FOR PERMIT

Permit No. 371

Class of Building or Type of Structure Third Class

Portland, Maine, March 16, 1938

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location: 19 Bramhall Street Ward \_\_\_\_\_ Within Fire Limits? yes Dist. No. 5  
Owner's or Lessee's name and address: Mrs. E. G. March, 19 Bramhall Street Telephone \_\_\_\_\_  
Contractor's name and address: L. A. Lane, 278 Front St., So. Portland Telephone E-0810  
Architect \_\_\_\_\_ Plans filed no No. of sheets \_\_\_\_\_  
Proposed use of building: Dwelling No. families 2  
Other buildings on same lot \_\_\_\_\_  
Estimated cost \$ 100. Fee \$ 1.50

Description of Present Building to be Altered

Material frame No. stories 2 1/2 Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_  
Last use Dwelling No. families 2

General Description of New Work

To construct dormer window 8' wide on west side of dwelling house to provide new bathroom on the second floor, rear.  
This window to be at least three square feet in area for ventilation of same.

Nearest lot line 15'

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in charge of the heating contractor.

Details of New Work

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to top of plate \_\_\_\_\_  
To be erected on solid or fill land? \_\_\_\_\_ earth or rock? \_\_\_\_\_  
Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_  
Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_  
Kind of Roof flat Rise per foot 1/2" Roof covering tin  
No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_  
Kind of heat \_\_\_\_\_ Type of fuel \_\_\_\_\_ 's gas fitting involved? \_\_\_\_\_  
Corner posts 2x4 Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_  
Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ M x n. on centers \_\_\_\_\_  
Studs (outside walls and carrying partitions) 2x4-1f O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.  
Joists and rafters: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 2x3  
On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 11'  
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 \_\_\_\_\_  
Total 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 above work require removal or disturbing of any shade 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

Signature of owner. By: L. A. Lane  
Mrs. E. G. March

INSPECTION COPY

INSPECTION BEFORE LAW  
OR CLERK'S OFFICE  
REQUIREMENT IS WARNED

11/24/38

Ward 7 Permit No. 38/271  
Location 19 Bramhall St.  
Owner Mrs. B. G. March  
Date of permit 3/16/38  
Notif. closing-in 3/27/38  
Inspn. closing-in 3/23/38  
Final Notif.  
Final Inspn. 3/31/38  
Cert. of Occupancy issued None

NOTES

3/21/38 Work started

A 28

3/23/38 Fair green tag  
to close in after morning  
is inspected. This work  
is on third floor in-  
stead of end. But does  
not change the occupa-  
cy of the building.





(A) APARTMENT HOUSE ZONE

APPLICATION FOR PERMIT

Permit No. 2244 ISSUED

Class of Building or Type of Structure Two Glass NOV 2 1931  
Portland, Maine, November 2, 1931

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 12 Bramhall Street Ward \_\_\_\_\_ Within Fire Limits? yes Dist. No. 8  
 Owner's or lessee's name and address R. G. Marsh, 1 Bramhall St. Telephone P 944  
 Contractor's name and address Arthur L. Wood, 16 Pine St. Westbrook Telephone \_\_\_\_\_  
 Architect's name and address \_\_\_\_\_  
 Proposed use of building dwelling house No. families 2  
 Other buildings on same lot \_\_\_\_\_  
 Plans filed as part of this application? no No. of sheets \_\_\_\_\_  
 Estimated cost \$ 100. Fee \$ .50

Description of Present Bldg. to be Altered

Material wood No. stories 5 Heat \_\_\_\_\_ of roof \_\_\_\_\_ Roofing \_\_\_\_\_  
 Last use dwelling house No. families 2

General Description of New Work

To change existing pantry on first floor, removing one 2'x2' no. showing partition to straighten out one corner room, existing window for partition

NOTIFICATION BEFORE OCCUPANCY OR CLOSING-IN IS WAIVED.  
CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED.

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

Details of New Work

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_  
 To be erected on solid or filled land? \_\_\_\_\_  
 Material of foundation \_\_\_\_\_ top \_\_\_\_\_ bottom \_\_\_\_\_  
 Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_  
 Kind of Roof \_\_\_\_\_ Rise per foot \_\_\_\_\_ of lining \_\_\_\_\_  
 No. of chimneys \_\_\_\_\_ Material of chimney \_\_\_\_\_ Is gas fitting involved? \_\_\_\_\_  
 Kind of heat \_\_\_\_\_ board? \_\_\_\_\_ Size \_\_\_\_\_  
 Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
 Material columns under girders \_\_\_\_\_ Girders 6x8 or larger. Bridging in every floor and flat roof cross section.  
 Studs (outside walls and carrying partitions) span over 8 feet. Sills and corner posts at \_\_\_\_\_  
 Joists and rafters: 1st floor \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ roof \_\_\_\_\_  
 On centers: 1st floor \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ roof \_\_\_\_\_  
 Maximum span: 1st floor \_\_\_\_\_ height? \_\_\_\_\_  
 If one story building with masonry walls \_\_\_\_\_

If a Garage

\_\_\_\_\_ to be accommodated? \_\_\_\_\_  
 No. cars now accommodated on same \_\_\_\_\_  
 Total number commercial cars to be stored for repairs to cars habitually stored in the proposed building? \_\_\_\_\_  
 Will automobile repairing be done on \_\_\_\_\_

Miscellaneous

Will above work require removal of any shade 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

INSPECTION COPY

*Arthur L. Wood*

6387A

PROCEDURE OF ZONING APPEALS

DATE INITIAL

LOCATION 17-19 BRAMHALL ST.

OWNER ME. MEDICAL CENTER / O DONOGHUE DRIVE

FEE PAID FOR APPEAL

PLANS & INFORMATION

DATE OF HEARING 4/13

\$15. APPEAL (Conditional Variance)

Certificate Letter \_\_\_\_\_

3/24 M.W.  
M.W.

List of streets - 500' \_\_\_\_\_

Envelopes - Mail out Monday, 10 days before hearing Date \_\_\_\_\_

Letters mailed out \_\_\_\_\_

4-3 C  
C

Appeal folders (2) \_\_\_\_\_

Notice to owner of property of hearing date - Monday before hearing 4-10 Date

Notice to prospective owner (if any) - Monday before hearing 4-10 Date

Notice to lawyer, sign hanger, etc. (if any) Monday before hearing \_\_\_\_\_ Date

Pictures and sketch \_\_\_\_\_

4/10 M.W.  
4/13 M.W.

\$5.00 APPEAL

Notice to abutting property owners (Monday before hearing - Date \_\_\_\_\_

Appeal folders (2) \_\_\_\_\_

Notice to owner of property (Monday before hearing - Date \_\_\_\_\_

Notice to prospective owner (Monday before hearing - Date \_\_\_\_\_

Notice to lawyer (if any) \_\_\_\_\_

Pictures and sketch \_\_\_\_\_

DOCKET - Mailed to appeal board no later than Monday before hearing - Date 4-10

Corp. Counsel Office - Large folder sent upstairs with appeal papers

Office Copy of Appeal - One copy of appeal put in small folder with Inspection Copy of application with all plans and letters

All papers for appeals - Docket, Corp. Counsel folders and office folders should be completed Monday before hearing

C

**CITY OF PORTLAND, MAINE**  
**Application for Permit to Install Wires**

Permit No. 58749  
 Issued \_\_\_\_\_  
 Portland, Maine \_\_\_\_\_, 19\_\_\_\_

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 maine Agricultural Center Tel. \_\_\_\_\_  
 Contractor's Name and Address Waldron Cable Tel. \_\_\_\_\_  
 Location 19 B Ramhall Use of Building \_\_\_\_\_

Number of Families \_\_\_\_\_ Apartments \_\_\_\_\_ Stores \_\_\_\_\_ Number of Stories 2  
 Description of Wiring: New Work \_\_\_\_\_ Additions \_\_\_\_\_ Alterations ✓

Pipe \_\_\_\_\_ Cable ✓ Metal Molding \_\_\_\_\_ BX Cable \_\_\_\_\_ Plug Molding (No. of feet) \_\_\_\_\_

No. Light Outlets 9 Plugs 17 Light Circuits \_\_\_\_\_ Plug Circuits \_\_\_\_\_

FIXTURES: No. \_\_\_\_\_ Fluor. or Strip Lighting (No. feet) \_\_\_\_\_

SERVICE: Pipe \_\_\_\_\_ Cable ✓ Underground \_\_\_\_\_ No. of Wires 3 Size 2

METERS: Relocated Changing for one meter Added \_\_\_\_\_ Total No. Meters 1

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 Jan 6 1972 Ready to cover in with cable 19\_\_\_\_ Inspection \_\_\_\_\_ 19\_\_\_\_

Amount of Fee \$ 3.00

Signed Waldron Cable

DO NOT WRITE BELOW THIS LINE

SERVICE \_\_\_\_\_ METER \_\_\_\_\_ GROUND ✓

VISITS: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

REMARKS:

INSPECTED BY [Signature]  
 (OVER)

CS 883



MAINE MEDICAL CENTER  
PORTLAND, MAINE 04102

March 14, 1972

Dept. of Building Inspection  
Portland City Hall  
Portland, Maine

Dear Sirs:

We are attaching sketches of the dwelling at 19 Bramhall Street and owned by the Maine Medical Center. It is our desire to lease this building to Dr. Emerson Drake, who will renovate for three additional doctors' offices such that there will be two offices on the first floor and two on the second.

Since this building is in the R-4 zone, we are respectfully requesting a waiver for professional use as described above.

Required parking will be allowed for at the rear of the property.

Yours truly,

Donald W. Bail  
Administrative Engineer

DWB/jp

Enclosures

cc: E. J. McGeachey  
Emerson Drake, M.D.



MAINE MEDICAL CENTER  
PORTLAND, MAINE 04102

March 17, 1972

Dept. of Building Inspection  
Portland City Hall  
389 Congress Street  
Portland, Maine

Dear Sirs:

Enclosed is our check for \$15.00 for variance  
appeal for 19 Bramhall Street.

Yours truly,

*D.W. Bail*

Donald W. Bail  
Administrative Engineer

DWB/jp

Enc.



17-19 Bramhall Street

March 24, 1972

Donald W. Bail  
Haine Medical Center  
22 Bramhall Street

cc to: Corporation Counsel

Dear Mr. Bail:

Building permit and certificate of occupancy to change the use of the dwelling at the above named location to four doctors offices are not issuable under the Zoning Ordinance because such a use is not allowable in the R-6 Residential Zone in which the property is located unless authorized by the Board of Appeals under the provisions of Section 602.7A.7.c of the Ordinance.

We understand that you would like to exercise your appeal rights in this matter. Accordingly you or your authorized representative should come to this office in Room 113, City Hall to file the appeal on forms which are available here. A fee of \$15.00 for a conditional use appeal shall be paid at this office at the time the appeal is filed.

Very truly yours,

Malcolm G. Ward  
Plan Examiner

MGN:m



MAINE MEDICAL CENTER  
PORTLAND, MAINE 04102

March 27, 1972

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

Att: Mr. Malcolm G. Ward

Dear Sir:

Returned herewith are forms for appeal as requested on  
19 Bramhall Street. Please note that the \$15.00 has been  
paid and we are in possession of the receipt that you have  
sent to us.

Yours truly,

*D. W. Bail/jp*  
Donald W. Bail  
Administrative Engineer

DWB/jp

Enclosures



R6 RESIDENCE ZONE

PERMIT ISSUED

APPLICATION FOR PERMIT

APR 19 1972

0411

CITY of PORTLAND

Class of Building or Type of Structure

Portland, Maine, March 16, 1972

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 19 XXXX Bramhall St. Within Fire Limits? Dist. No.
Owner's name and address Maine Med. Center 22 Bramhall St. Telephone
Lessee's name and address William Kelley, 619 Brook St., Westbrook Telephone
Contractor's name and address To be cleared and to be renovated by owner Telephone
Architect Specifications Plans No. of sheets
Proposed use of building Doctors Offices No. families
Last use Residence No. families 1
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated cost \$ 5,000 Fee \$ 15.00
2,000. General Description of New Work 6.00

Change of use from dwelling house to doctors offices, Alterations as per plan.
2 Offices on first floor only.

Appeal Sustained conditionally 4/13/72

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

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 and 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?
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:

O.K. E.S. 4/19/72

CF 301

INSPECTION COPY

Signature of owner

Maine Medical Center

Donald W. Bail, Comm. Eng

C.C.

FILL IN COMPLETELY AND SIGN WITH INK

1610



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED

Portland, Maine, October 12, 1954

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 19 Bramhall Street Use of Building dwelling house
Name and address of owner B. G. March, 19 Bramhall Street Ward 7
Contractor's name and address Air Conditioning Corp. of Maine 315 Forest Ave. Telephone 3-1728

General Description of Work

To install oil fired furnace

NOTIFICATION BEFORE LATHING OR CLADDING IS WAIVED

IF HEATER, POWER BOILER OR COOKING DEVICE

Is heater or source of heat to be in cellar? yes If not, which story Kind of Fuel
Material of supports of heater or equipment (concrete floor or what kind) concrete
Minimum distance to wood or combustible material, from top of boiler or casing top of furnace, 2'6"
from top of smoke pipe 2' from front of heater over 4' from sides or back of heater over 3'
no other connection to this chimney & 12x12

CERTIFICATE OF OCCUPANCY REQUIRED IF...

IF OIL BURNER

Name and type of burner General Electric Labeled and approved by Underwriters' Laboratories? yes
Will operator be always in attendance? Type of oil feed (gravity or pressure) pressure
Location oil storage basement No. and capacity of tanks 1 - 275 gal.
Will all tanks be more than seven feet from any flame? yes How many tanks fireproofed?

Amount of fee enclosed? 1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

Air Conditioning Corp. of Maine

Signature of contractor By [Signature]

INSPECTION COPY





**SURVEY AND INVESTIGATION OF TENEMENT AND LODGING HOUSES  
QUESTIONABLE AS TO LEGAL AND SAFE USE**

- 17-  
1. Location 19-Bramhall-St Date investigation commenced 5-2-44
2. References: Complaints \_\_\_\_\_ Appl. BP \_\_\_\_\_ Inq. \_\_\_\_\_
3. Present Owner and Address Mrs. B. G. March
4. Present Lessee and Address \_\_\_\_\_
5. Building Permit Record: 11-2-31 AIT. 16-12-34 Heat  
3-12-38 AIT. 4-6-44 ROOF

Assessors' Record

6. Survey 1924: Owner \_\_\_\_\_ : No. tenants \_\_\_\_\_  
No. rooms \_\_\_\_\_; Class of Use \_\_\_\_\_

7. Assessors' change record since 1924 1932-11-31 New Bath - 2 Family 14653  
Assessed as 2 Fam. Prev. but had only 1 bath 3-24-38 - 1 W.C. 1 W.C. 1 tub. - 46-44. Cover entire roof.  
1-2-1 W.C. - 1 W.C. - 1 TUB. 1935 Furnace With O.B. Steam heat. 1938 New 6' dormer - New bath.

8. Change of Owners, 1924 to date 1926 B. March & Edith G. Charlesky, 1931 Edith 1/2  
Bertrand G., 1937 Edith 1/2 - Mary B. 1/2

9. City Directory Record

1926	Charles M. March Bertrand G. March - (Mary B) Edith M. March	1936	Same
1927	Same	1937	Bertrand G. March (Mary B) Edith M. Mary B -
1928	Same	1938	Edith -
1929	Same	1939	Same
1930	Leticia P. Alexander Bertrand G. (Mary B) Edith M. Chas. March Chas. died Feb-31	1940	Same
1931	Same	1941	Same Mrs Mary B. March - Locking and h @
1932	Same	1942	Edith M.
1933	Same	1943	Same
1934	Same	1944	Same
1935	Same	1945	

10. Miscellaneous

Conclusions and Action

by Porter-Burnham, Builders 5/1/44

To Owner and Builder:

Records here seem to qualify this building as a two-family dwelling house only, but application for permit indicates last use and proposed use as lodging house. This building permit is issued without prejudice to settlement of the question of whether or not this is a legal lodging house equipped with all required safety provisions.

CC Mrs. Bertrand G. March,  
19 Bramhall St.

(Signed) Warren McDonald  
Inspector of Buildings



(A) APARTMENT HOUSE ZONE PERMIT ISSUED  
Permit No. 0347

APPLICATION FOR PERMIT

Class of Building or Type of Structure THRU MAY 1 1930

Portland, Maine, May 1, 19

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 19 Bramhall Street Within Fire Limits? yes Dist. No. 3  
 Owner's or Lessee's name and address Mrs. Bertrand G. March, 17 Bramhall St. Telephone \_\_\_\_\_  
 Contractor's name and address Porter-Burnham 1552 Congress St. Telephone 4-3206  
 Architect \_\_\_\_\_ Plans filed yes No. of sheets 1  
 Proposed use of building Lodging house No. families \_\_\_\_\_  
 Other buildings on same lot \_\_\_\_\_  
 Estimated cost \$ 75 Fee \$ 50

Description of Present Building to be Altered

Material wood No. stories 2 1/2 Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_  
 Last use Lodging house No. families \_\_\_\_\_

General Description of New Work

To provide roof over existing rear platform 6' x 12', first floor,  
platform - 6' span

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.

Details of New Work

Is any plumbing work involved in this work? \_\_\_\_\_  
 Is any electrical work involved in this work? \_\_\_\_\_ Height average grade to top of platform \_\_\_\_\_  
 Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_  
 To be erected on solid ~~or~~ <sup>excavated land?</sup> existing cedar posts earth or rock? \_\_\_\_\_  
 Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_ cellar \_\_\_\_\_  
 Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_  
 Kind of roof flat Rise per foot 3" Roof covering Asphalt roofing Class C Und. Lab  
 No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_  
 Kind of heat \_\_\_\_\_ Type of fuel \_\_\_\_\_ Is gas fitting involved? \_\_\_\_\_  
 Framing lumber—Kind hemlock Dressed or full size? dressed  
 Corner posts 4x4 Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_  
 Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.  
 Joists and rafters: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 2x4  
 On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 2"  
 Maximum span: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 6'  
 If one story building with masonry walls, thickness of walls? \_\_\_\_\_ height? \_\_\_\_\_

If a Garage

No. cars now accommodated on same lot \_\_\_\_\_, to be accommodated \_\_\_\_\_  
 Total 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 above work require removal or disturbing of any shade 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  
 By Mrs. Bertrand G. March  
 Signature of owner By Carl E. Porter

INSPECTION COPY

19 Pramhall Street

BRAMHALL

SHAW-WALKER  
#8003-3H

August 19, 1968

Mrs. Mary March  
19 Bramhall Street  
Portland, Maine 04102

Dear Mrs. March:

Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

*Gordon E. Martin*  
Gordon E. Martin  
Housing Supervisor

GLS:apc

Enclosure



19 Bramhall Street

Area: Bramhall

Survey Date: August 14, 1968

Dwelling Units: 3

Owner: Mrs. Mary March  
19 Bramhall Street  
Portland, Maine 04102

DEFECTS NEEDING CORRECTION

STRUCTURAL

Repair and put in good order all deteriorated and hazardous parts of the structure as follows:

- a. Repair or replace the cracked plaster on the kitchen ceiling in the first floor apartment.
- b. Repair or replace the cracked plaster on the ceilings in the kitchen, bathroom, and bedrooms in the second floor apartment.
- c. Repair or replace the cracked plaster on the ceilings throughout the third floor apartment.

Photos  yes  no

Date 8/14/68

Proj. No.  C.I. BRAMHALL Ass'rs  Zone  Zone Viol

Stories  2  BEM  ASYM  SAR  NA  NS ST P Com.Units  Rmg Units  Dwl.Units 3

LOCATION	<u>19 BRAMHALL</u>	LOGS
OWNER	<u>MARY MARCH</u>	PEND
AGENT	<u>SAME</u>	
OWNER		
AGENT		
OWNER		
AGENT		

Occupants	Information LOC. RENT FURN. WK. I. RMS	Occupancy PER. ALLD LGRS HEAT	Facilities				Violations
			BATH	FLSH	K.SK	H.W. CK'G	
1. <u>MARY MARCH</u>	<u>1st</u>	<u>5</u>	<u>CO</u>	<u>P</u>	<u>V</u>	<u>V</u>	
2. <u>TRUCK</u>	<u>2nd</u>	<u>6</u>	<u>CO</u>	<u>P</u>	<u>V</u>	<u>V</u>	
3. <u>VACANT</u>	<u>3rd</u>	<u>4</u>	<u>CO</u>	<u>P</u>	<u>V</u>	<u>V</u>	
4.							
5.							
6.							
7.							
8.							

### STRUCTURE SCHEDULE

STRUCTURE RATING

#### YARD

- 1. GARBAGE & RUBBISH OK
- 2. CONTAINERS COMPLY OK
- 3. DRAINAGE OK
- 4. ZONE VIOL. OK

#### STRUCTURE EXTERIOR

- 1. STEPS, STAIRS, PORCHES OK
- 2. FOUNDATION OK
- 3. WALLS OK
- 4. WINDOWS, DOORS OK
- 5. ROOF, DRAINS OK
- 6. OUT BUILDINGS OK

#### INFESTATION

- 1. RATS  R  O  E
- 2. OTHER (SPECIFY) OK

#### EGRESS

- 1. DUAL  YES  NO OK
- 2. OBST'N OK

Remarks \_\_\_\_\_

Portland Health Dept.

08-8

Inspector JMD

#### STRUCTURE INTERIOR

- 1. HALL OBST'N OK
- 2. HALL LIGHTING OK
- 3. HALL FLOOR WALLS CEILING OK
- 4. STAIRWAYS OK
- 5. WINDOWS, AIRSHAFT OK
- 6. ELECT. WIRING OK
- 7. HEATING CENTRAL YES:  NO
- 8. STACKS FLUES, VENTS OK
- 9. CHIMNEY OK
- 10. EQUIPMNT. REPAIR OK
- 11. PLUMBING OK
- 12. SUPPLY LINE OK
- 13. WASTE LINE OK
- 14. BASEMENT OK
- 15. GEN'L SANIT'N OK
- 16. DAMPNSS  R  O OK
- 17. STAIRS OK
- 18. LIGHTING OK
- 19. BASE DWL. UNIT OK
- 20. MIN 7' - 3" OK
- 21. DAMPNSS  R  O OK
- 22. WINDOW 1/12 X 8" N/A
- 23. DUAL EGRESS  YES  NO N/A
- 24. PROHIBITED COMB'N USE OK
- 25. SOC. USE HAZARD OK
- 26. HAZARDOUS VENTS OK

Photos  yes  no  
 Proj. No.

BRAMHALL

Date 8/14/68

CROWDING	LOCATION	19 BRAMHALL	COMP.
SANIT.	D.U. LOC.	3nd	PEND.
INFEST.	OCCPNT	TRASK	
BASE D.U.	OTHER AGENT	MARY MARCH	
DET'N	ADDRESS	SAHF	VTS

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities										Violations					
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRS	HEAT	BATH		FLSH	K.SK	H.W.	CK'G	
1. TRASK		Ind					6											
2.																		
3.																		
4.																		

OVERCROWDING 65' - 7'	SO SLEEP'G	VENTILATION 1/12 X 1/2	LIGHTING WIRING	DET'N WALLS	CEILING	WINDOWS	DOORS	FLOORS	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	BED	OTHER	TOTAL	KITCHEN SINK & WATER		
																				SINK	SUPPLY & WASTE	

Remarks  
CEILING CRACKED

- SINK
- SUPPLY & WASTE
- PLB'G GEN'L
- HEATING
- STACKS, FLUES, VENTS
- HT'RS VENTED, REP'R
- BATHING FACILITIES**
- SHARED MAX. 4DU
- RING U. 1 PER 15
- MIN. 7' STDG HT.
- VENT'LN
- PROPER ACCESS
- PLB'G
- SANIT'N
- TOILET FACILITIES**
- SHARED MAX. 2 DU
- RING U FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS
- PLB'G
- SANIT'N
- INFESTATION**
- RATS  R:  O:  E
- OTHER (SPECIFY)
- EGRESS**
- DUAL  YES,  NO
- OBST'N

Portland Health Dept.  
 CS-7

Inspector APB

Photos  yes  no  
 Proj. No:

BRAMHALL

Date 8/14/68

**DWELLING UNIT SCHEDULE**

CROWDING	LOCATION <u>19 BRAMHALL</u>	COMP.
SANIT.	D.U. LOC. <u>1ST</u>	PEND.
INFEST.	OCCPNT <u>MARY MARCH</u>	
BASE D.U.	OWNER AGENT <u>SAMP</u>	
DET'RN	ADDRESS	VTS

Occupants	Information	Occupancy	Facilities							Violations							
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D		LGRS	HEAT	BATH	FLSH	K.SK	H.W.	CK'G
1. <u>MARY MARCH</u>																	
2.																	
3.																	
4.																	

	KITCHEN	BATH	TOILET	DINING	LIV	LIV	BED	BED	BED	BED	OTHER	TOTAL
OVERCROWDING 85' - 7'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50 SLEEP'G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VENTILATION 1/12 x 1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTING WIRING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DET'RN WALLS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEILING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WINDOWS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Remarks IX CRACKED

- KITCHEN SINK & WATER
- SINK
- SUPPLY & WASTE
- PLB. GEN'L OK
- HEATING
- STACKS, FLUES, VENTS
- HT'RS VENTED, REP'N
- BATHING FACILITIES
- SHARED N.K. ADU
- RND U. 1 PER 15 OK
- MIN. 7' STDG HT.
- VENT'LN
- PROPER ACCESS
- PLB'D
- SANIT'N
- TOILET FACILITIES
- SHARED MAX. 2 DU
- RND U. FLSH & LAV 1 PER 10
- VENT'LN
- PROPER ACCESS OK
- PLB'D
- SANIT'N
- INFESTATION
- RATS  R:  O:  F
- OTHER (SPECIFY)
- EGRESS
- DUAL  YCS.  NO
- OBST'N

Portland Health Dept.  
GS-7

Inspector FRIS

Photos  yes  no  
 Proj. No:

BRAMHALL

Date 8/14/68

CROWDING	LOCATION	19 BRAMHALL	COMP.
SANIT.	D.U. LOC.	3rd	PEND.
INFEST.	OCCPNT	VACANT	
BASE D.U.	OWNER AGENT	MARY MARCU	
DET'AN	ADDRESS	SAME	VTS

**DWELLING UNIT SCHEDULE**

Occupants	Information				Occupancy				Facilities				Violations
	LOC.	RENT	FURN.	WK. I. RMS	PER.	ALL'D	LGRS	HEAT	BATH	FLSH	K.SK	H.W.	
1. <u>VACANT</u>		<u>3rd</u>		<u>4</u>					<u>ED</u>	<u>FF</u>			
2.													
3.													
4.													

	KITCHEN	BATH	TOILET	DINING	BED	SFO	BED	BED	BED	OTHER	TOTAL	KITCHEN SINK & WATER	
	OVENCROWDING 85' - 7'					✓	✓	✓	✓				<input type="checkbox"/> SINK
50 SLEEP'G	✓	✓	✓									<input type="checkbox"/> SUPPLY & WASTE	<u>OK</u>
VENTILATION 1/12 x 1/2												<input type="checkbox"/> PLB'G GEN'L	
LIGHTING WIRING												HEATING	
DET'N WALLS												<input type="checkbox"/> STACKS, FLUES, VENTS	
CEILING												<input type="checkbox"/> HT'RS VENTED, REP'R	
WINDOWS												BATHING FACILITIES	
DOORS												<input type="checkbox"/> SHARED MAX. 4DU	
FLOORS												<input type="checkbox"/> RMG U. 1 PER 15	
Remarks	<u>CEILING CRACKED</u>											<input type="checkbox"/> MIN. 7' STOD HT.	<u>OK</u>
												<input type="checkbox"/> VENT'LN	
												<input type="checkbox"/> PROPER ACCESS	
												<input type="checkbox"/> PLB'G	<u>OK</u>
												<input type="checkbox"/> SANIT'N	
												TOILET FACILITIES	
												<input type="checkbox"/> SHARED MAX. 2 DU	
												<input type="checkbox"/> RMG U FLSH & LAV 1 PER 10	
												<input type="checkbox"/> VENT'LN	
												<input type="checkbox"/> PROPER ACCESS	
												<input type="checkbox"/> PLB'G	
												<input type="checkbox"/> SANIT'N	
												INFESTATION	
												<input type="checkbox"/> RATS	<input type="checkbox"/> R
												<input type="checkbox"/> OTHER (SPECIFY)	
												EGRESS	
												<input type="checkbox"/> DUAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
												<input type="checkbox"/> OBST'N	

Portland Health Dept.  
CS-7

Inspector 710