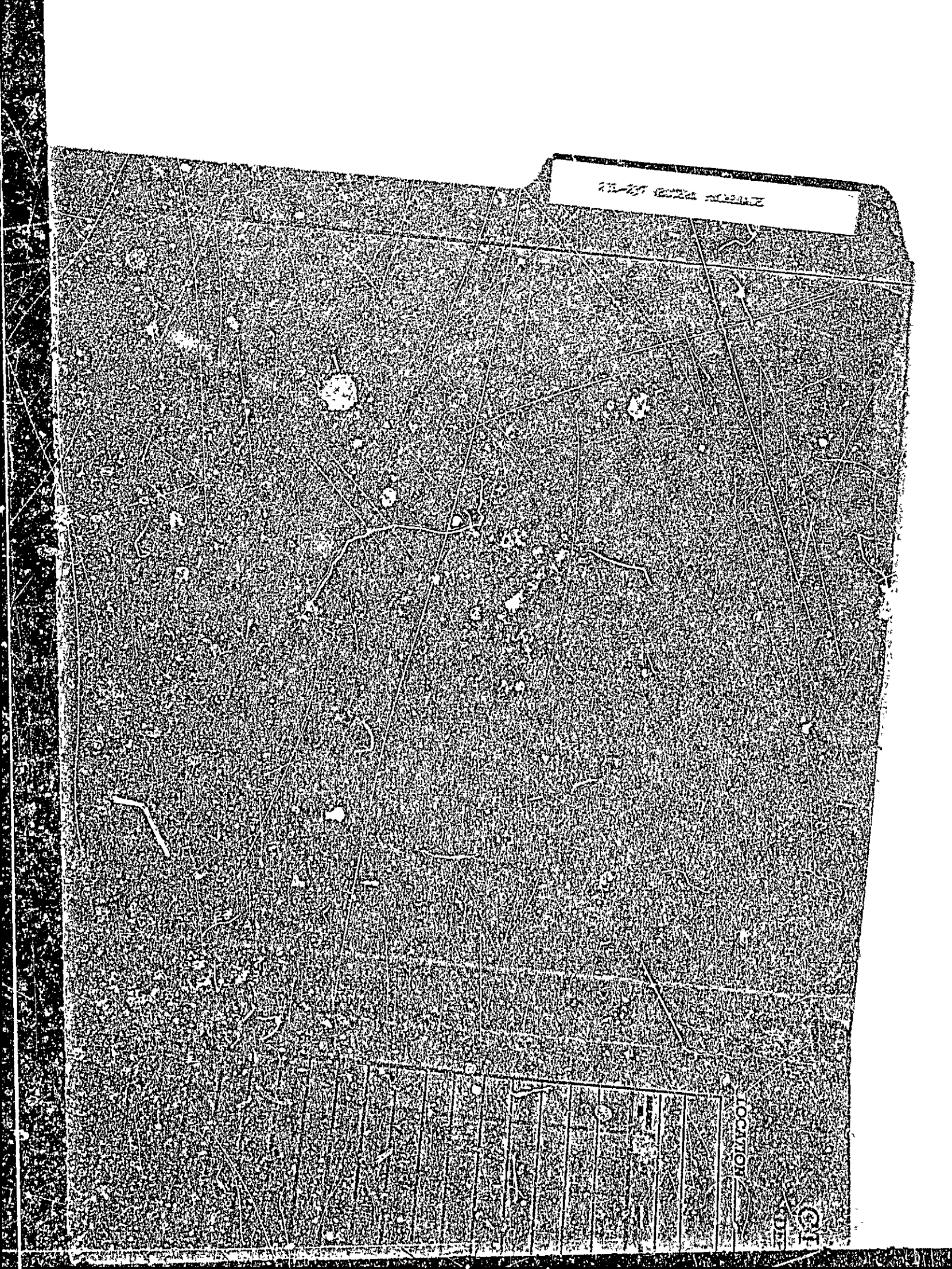


20-107 10024 1002412

LOCATION

DATE



CERTIFICATE OF APPROVAL
FOR INTERNAL PLUMBING

THE TOWN/CITY OF Portland

TOWN/CITY CODE
05170

LPI NUMBER
123

DATE ISSUED
6/6/80
Month Day Year

No 38850 IC

Certificate of App. Number

Installer's Name LEPELLIER F.I.M.I. 66
Last Name

- Installer Code
- 1. Owner
 - 2. Licensed Master Plumber
 - 3. Licensed Oil Burnerman
 - 4. Employees of Public Utilities
 - 5. Manufactured Housing Dealer
 - 6. Manufactured Housing Mechanic

Owner Name Medical Center

Address 233 Western Subdivision
St./Lot Number Street, Road Name

(Location where plumbing was done and inspected)

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

Emilio J. Godonio

OWNER'S COPY

Signature of LPI JUN 17 1980

Date Inspected _____
ORIGINAL—To be sent to: Department of Human Services,
Division of Health
Engineering, Augusta, Maine 04333

**CERTIFICATE OF APPROVAL
FOR INTERNAL PLUMBING**

THE TOWN/CITY OF Portland

TOWN/CITY CODE 05170 LPI NUMBER 123 DATE ISSUED 16/16/80
Month Day Year

No **38850 IC**
 Certificate of App. Number

Installer's Name LEFELLIER F.I.M.I. 66

- Installer Code 2
- 1 Owner
 - 2 Licensed Master Plumber
 - 3 Licensed Oil Burnerman
 - 4 Employees of Public Utilities
 - 5 Manufactured Housing Dealer
 - 6 Manufactured Housing Mechanic

Owner Maine Medical Center

Address 233 York St Subdivision _____
St./Lot Number Street, Road Name

(Location where plumbing was done and inspected)

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

Frank J. Godwin

TOWN'S COPY

Signature of LPI _____
 Date Inspected JUN 17 1980

ORIGINAL--To be sent to: Department of Human Services,
 Division of Health
 Engineering, Augusta, Maine 04333

INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF

Portland

Town/City Code 05170 LPI Number 123 Date Issued 16/16/80 INSTALLER'S License No 1274
Month Day Year

No **38850 IP**
 PERMIT NUMBER

Address of Where Plumbing is Done 233 WESTERN PKWY Subdivision _____
St./Lot Number Street/Road Name

- Installer Code 2
- 1. Owner
 - 2. Licensed Master Plumber
 - 3. Licensed Oil Burnerman
 - 4. Employees of Public Utilities
 - 5. Manufactured Housing Dealer
 - 6. Manufactured Housing Mech

Name of Owner ME MEDICAL CTR F.I.M.I. _____ Mailing Address _____ Zip Code _____

Type of Construction	1 New	3 Addition	5 Replacement of Hot Water Heater	7 Hook up of Modular Home
	2 Remodeling	4 Remodeling & Addition	6 Hook up of Mobile Home	8 Other (Specify) <u>1</u>
Plumbing To Serve	1. Single (Res)	3 Mobile Home	5 Commercial	7 Other (Specify) <u>3</u>
	2 Multi-Fam (Res)	4 Modular Home	6 School	
Number of Fixtures or Hook Ups	Sink(s) <u>11</u>	Toilet(s) <u>3</u>	Bathtub(s) <u>0</u>	Lavatorie(s) <u>3</u>
	Shower(s) <u>3</u>	Urinals <u>0</u>	Hook Up(s) <u>0</u>	
	Clothes Washer(s) <u>0</u>	Dish-Washer(s) <u>0</u>	Hot Water Heater(s) <u>0</u>	Floor Drain(s) <u>0</u>

This "Internal Plumbing Permit" is invalid if work is not commenced within six(6) months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained from the LPI.

SCHEDULE OF FEES

110	Fixtures	\$2.00 each
1120	Fixtures	\$1.00 each
21	Fixtures on up	\$.50 each
	Hook-Ups	\$2.00 each

Fixture Fee 21.00
 Hook Up Fee 0.00
 Administrative Fee 3.00
 Total Fee 24.00

TOWN'S COPY

NOTE Hotwater Heater (Tank or Tankless) is a Fixture! *Frank J. Godwin*

Signature of LPI _____

Double Fee Check Box

Date Issued

7-14-80

Portland Plumbing Inspector
By ERNOLD R. GOODWIN

Date

App. First Insp.

By

JUL 15 1980

Date

App. Final Insp.

By

ERNOLD R. GOODWIN
CHIEF PLUMBING INSPECTOR

Type of Bldg.

- Commercial
- Residential
- Single
- Multi Family
- New Construction
- Remodeling

PERMI.

ALL PLUMBING

PERMIT NUMBER 2112

Address

Installation In.

Owner of Bldg.

Plumber:

NEW [REPL]

to torn from
Home for Nurses
Maine Medical Center

22 Bramhall St.

Date:

7-14-80

INO

Sealyer & Peterson
P.O. Box 27

SINKS

LAVATORIES

TOILETS

BATH TUBS

SHOWERS

DRAINS FLOOR SURFACE

HOT WATER TANKS

TANKLESS WATER HEATERS

GARBAGE DISPOSALS

SEPTIC TANKS

HOUSE SEWERS

ROOF LEADERS

AUTOMATIC WASHERS

DISHWASHERS

OTHER

base fee

TOTAL

5.00

Building and Inspection Services Dept.: Plumbing Inspection

CERTIFICATE OF APPROVAL
FOR INTERNAL PLUMBING

THE TOWN/CITY OF Portland

TOWN/CITY CODE

05190

LPI NUMBER

1123

DATE ISSUED

43080

Month Day Year

No 38806 IC

Certificate of App. Number

Installer's
Name

GERBER, COLMC

Last Name

F. I. M.

Installer

Code

1. Owner
2. Licensed Master Plumber
3. Licensed Oil Burnerman
4. Employees of Public Utilities
5. Manufactured Housing Dealer
6. Manufactured Housing Mechanic

Owner

Eric Westman

Address

205 Westman

St./Lot Number

Street, Road Name

Subdivision

(Location where plumbing was done and inspected)

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

Frank R. Goodwin

OWNER'S COPY

Signature of LPI

Date Inspected

JUL 9 1980

ORIGINAL--To be sent to: Department of Human Services,
Division of Health
Engineering, Augusta, Maine 04333

**CERTIFICATE OF APPROVAL
FOR INTERNAL PLUMBING**

THE TOWN/CITY OF Portland

TOWN/CITY CODE 05170 LPI NUMBER 1123 DATE ISSUED 073080
Month Day Year

No 38806 IC
 Certificate of App Number

Installer's Name CLERBER, CLYDE F.I.M.I. 2 Installer Code 2
 Owner Paul J. [Signature]
 Address 33 WESTBURY ROAD Subdivision _____
(Location where plumbing was done and inspected)

- 1. Owner
- 2. Licensed Master Plumber
- 3. Licensed Oil Burnerman
- 4. Employees of Public Utilities
- 5. Manufactured Housing Dealer
- 6. Manufactured Housing Mechanic

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

James J. [Signature]

TOWN'S COPY

Signature of LPI _____
 Date Inspected JUL 9 1980
 ORIGINAL—To be sent to: Department of Human Services,
 Division of Health
 Engineering, Augusta, Maine 04333

INTERNAL PLUMBING PERMIT FOR THE TOWN/CITY OF _____

Town/City Code 05170 LPI Number 1123 Date Issued 073080 INSTALLER'S License No. 2158
Month Day Year

Address of Where Plumbing is Done 33 WESTBURY ROAD Subdivision _____
St./Lot Number Street/Road Name

Name of Owner WILLIAMS, CLYDE F.I.M.I. _____ Mailing Address _____ Zip Code _____

- No 38806 IP**
 PERMIT NUMBER
- 1. Owner
 - 2. Licensed Master Plumber
 - 3. Licensed Oil Burnerman
 - 4. Employees of Public Utilities
 - 5. Manufactured Housing Dealer
 - 6. Manufactured Housing Mech

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

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

Number of Fixtures: Sinks 1, Toilet(s) 2, Bath(s) 1, Lavatories 2, Shower(s) 1, Urinal(s) 0
 Dish Washer(s) 1, Hot Water Heater(s) 1, Floor Drain(s) 1, Hook-Up(s) 1

This "Internal Plumbing Permit" is invalid if work is not commenced within six(6) months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained from the LPI.

SCHEDULE OF "FEES"

1-15	Fixtures	<u>16.00</u>
11-20	Fixtures	\$1.00 each
21	Fixtures on up	\$.50 each
Hook-Ups		\$2.00 each

JUN 24 1980

Fixture Fee	<u>16.00</u>
Hook Up Fee	<u>00.00</u>
Administrative Fee	<u>3.00</u>
Penalty	<u>17.00</u>

APR 30 1980

If Double Fee Check Box

TOWN'S COPY

Signature of LPI _____

APPLICATION FOR PERMIT

PERMIT ISSUED

APR 24 1980

00 221

CITY of PORTLAND

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION R-4 PORTLAND, MAINE, April 24, 1980

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

LOCATION 233 Western Prom Fire District #1 [] #2 []
1. Owner's name and address Maine Medical Ctr. 22 Bramhall St. Telephone
2. Lessee's name and address Telephone
3. Contractor's name and address F.P. & C 4 Murray P.O. Box 2297 Telephone 799-8136
4. Architect Specifications So. Portland No. of sheets
Proposed use of building educational & living quarters No. families
Last use educational, related offices & living quarters No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot Fee \$ 136.15 change of use
Estimated contractual cost \$ 30,000. 151.

FIELD INSPECTOR—Mr.

This application is for:

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

@ 775-5451 Ext. 234

GENERAL DESCRIPTION

Alterations to interior of bldg. as per plans. Said premises to be used for medical teaching & conference purposes and for living accommodations for faculty & students.

Stamp of Special Conditions

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

John L. Sullivan - Verrill & Dana

PERMIT IS TO BE ISSUED TO 1 [] 2 [] 3 [] 4 [] 2 Canal Plaza -04112

Other:

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering Kind of heat fuel
No. of chimneys Material of chimneys of lining Corner posts Sills
Framing Lumber—Kind Dressed or full size? Max. on centers
Size Girder Columns under girders Size
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 height?
If ordinary building with masonry walls, thickness of walls?

IF A GARAGE

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

APPROVALS BY:

BUILDING INSPECTION—PLAN EXAMINER
ZONING M. J. G.
BUILDING CODE
Fire Dept. J. Collins or Silk
Health Dept. leave
Caretaker

MISCELLANEOUS

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

Signature of Applicant John L. Sullivan, Attorney for M.M.C. Phone #
Type Name of above John L. Sullivan, Attorney for M.M.C. 1 [] 2 [] 3 [] 4 []
Other
and Address

NOTES

5-5-80 Work started in embolism
stairway - 5' on one side - other
side still open they will call
else wsp. prior to closing on other
side - L

7-16-80 Completed - All locked up
pmba wsp yatak previously - safety
detectors were to have been
installed

Approved *[Signature]* Change of use to
Education of young people

Date of permit 4-24-80

Owner *Merrill Medical*

Location 253 Western Room

Permit No. 80/221

[Handwritten signature]
6/10/80

~~Blank lined area with a large handwritten X~~

Blank lined area



MAINE MEDICAL CENTER • PORTLAND, MAINE 04102

RECEIVED

APR 24 1980

DEPT. OF BLDG. INSP
CITY OF PORTLAND

233 Western Prom

April 24, 1980

Mr. Malcolm Ward
Department of Building Inspection
City Hall
Portland, Maine 04101

Dear Mr. Ward:

As Associate Vice President of the Maine Medical Center, please accept this letter as confirmation of recent discussions relating to property at 233 Western Promenade, commonly known as Chisholm House, owned by the hospital, a private non-profit corporation. The Chisholm House property is made up of Lots 3, 4 and 9, Block E of Tax Map 63 of the City of Portland consisting of 41,772 square feet which is nearly one acre.

First, I would like to correct a statement on the Application for Building Permit as filed by F.P. & C.H. Murray, Inc. (10 sheets of plans) on April 10, 1980, which incorrectly states that the premises are to undergo a change of use from office space to nurses residence. More accurately, the current use of the Chisholm House is that of a teaching and education facility for hospital related programs; namely, the Family Nurses Associate Program of the University of Southern Maine, the Emergency Medical Service Project (State Department of Human Services) and finally, the Center for Community Dental Health Program. In addition, the Chisholm House currently contains medical and administrative offices and overnight accommodations for those associated with said programs.

More recently, the hospital has entered into a contractual agreement with the University of Vermont Medical School to establish a teaching affiliation at the Maine Medical Center, with the Chisholm House being the focal point of this relationship. The first floor area of the Chisholm House, with the exception of one bedroom, will be devoted to teaching and conference areas. The ten bedrooms in Chisholm House will be used to house both faculty members and students coming to Portland from the University of Vermont. The faculty members will teach the students in the teaching and conference areas of Chisholm House and within the Maine Medical Center itself; the exact proportion of time spent in either area will have to depend upon the requirements of the particular subject matter under instruction, but nevertheless, substantial instruction and teaching will take place in Chisholm House itself.

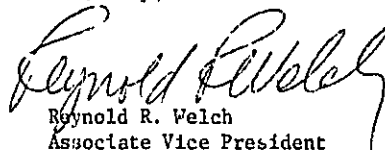
Mr. Malcolm Ward
Page 2
April 24, 1980

All occupants of Chisholm House will be required to use the off street parking facilities of the Maine Medical Center on Bramhall Street, directly across from the hospital, thus there should be no added traffic congestion.

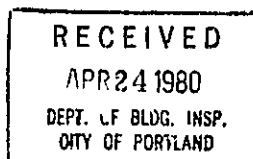
It is my understanding that the said use by the hospital of Chisholm House is allowable in the R 4 Zone by virtue of Sec. 602.5 A1 of the City Zoning Ordinance.

I trust that this letter of confirmation will give you sufficient information to issue said building permit sought by F.P. & C.H. Murray, Inc. If you have any further questions, please do not hesitate to call.

Sincerely,


Reynold R. Welch
Associate Vice President

RRW:klp



4-24-80

*Appears to be a school use
with accessory rooming facilities
which would be an allowable use
in Zone.*

David G. Town
Deputy City Council



FILE IN AND SIGN WITH

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, Sept. 20, 1974

PERMIT ISSUED 0888 SEP 23 1974 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 . 233 W. Promenade Use of Building office No Stories New Building Existing
Name and address of owner of appliance : Maine Medical Center, 22 Bramhall St.
Installer's name and address : Mandall & McAllister, 84 Commercial St. Telephone 774-4554

General Description of Work

To install, replace burner in existing steam heating system.

IF HEATER, OR POWER BOILER

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

IF OIL BURNER

Name and type of burner : Whirpower Labelled by underwriters' laboratories? Yes
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 exist. outside underground
Low water shut off : yes Make : Mc Connell Miller No. 47-2
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

Amount of fee enclosed? 5.00

APPROVED:

088 9-23-74-NFE

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

Randall & McAllister

By:

W. R. Kilgore

Signature of Installer

CS 300

INSPECTION COPY

NOTES

1. 1/4" FILL PIPE
2. 1/4" VENT PIPE
3. Kind of Heat
4. Burner Rigidity & Support
5. Name & Label
6. Remote Control
7. High Limit Control
8. Main Cutoff Switch
9. Low Water Cutoff
10. High Limit Control
11. Piping support & protection
12. Valves in Supply line
13. Capacity of tanks
14. Tank rigidity & Support
15. Oil gauge
16. Instruction Card
17. oil leaks
18. Adequate ventilation
19. Smokepipe to combustible
20. Thermal Control switch

10-9-74 OK
MTC

Approved

Date of permit 9/23/74

Owner Henry McPester

Location 233 W. Lawrence

Permit No. 24/888

McLennan

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. **2216**
 Issued **9/20/74**
 Portland, Maine **Sept. 20**, 1974

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 Medical Center, 22 Bramhall St.** Tel.
 Contractor's Name and Address **Pandall & McAllister** Tel. **774-4554**

Location **233 W. Prom.** Use of Building **Offices** Number of Stories **2-1/2**

Number of Families Apartments Stores Alterations
 Description of Wiring: **New Work** **New** **Additions**

Install Model MF-65 Whirlpower Oil Burner-Replacement-Steam heat
 Pipe Cable Metal Molding BX Cable Plug Molding (No. of feet)

No. Light Outlets Plugs Light Circuits Plug Circuits
 FIXTURES: No. Fluor. or Strip Lighting (No. feet)

SERVICE: Pipe Cable Underground No. of Wires Size
 METERS: Relocated Added Total No. Meters

MOTORS: Number Phase H. P. Amps Volts Starter
 HEATING UNITS: Domestic (Oil) **1** No Motors **1** Phase **1** H.P. **1/4**

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 **Sept. 20** 1974 Ready to cover in **19** Inspection **Sept. 23** 1974

Amount of Fee \$ **2.00** Signed **Pandall & McAllister**

DO NOT WRITE BELOW THIS LINE

SERVICE	METER	GROUND
VISITS: 1 9-23-74	3	5
	4	6
	8	11
	9	12

REMARKS:

GR

INSPECTED BY

Lilly

(OVER)

FILE
w/ R. B.
LETTER



MAINE
MEDICAL
CENTER

PORTLAND, MAINE 04102

OFFICE OF
PLANT SUPERINTENDENT

March 9, 1970

R. Lovell Brown, Director
Department of Building Inspection
City Hall
Portland, Maine

Dear Mr. Brown:

This confirms our phone conversation of March 5, 1970 regarding
233 Western Promenade.

This project was dropped prior to any request for zoning variance
or building changes, thus no final submittal of plans for the permit
request.

Yours truly,

Donald W. Bail
Plant Superintendent

DWB/jp

cc: P. K. Reiman, Director

233 Western Promenade

March 3, 1970

Maine Medical Center
22 Bramhall Street, Att: Donald W. Bail, Plant Superintendent

Dear Mr. Bail:

It has come to my attention that the Medical Center is performing some alterations at the above address and as I see it from the various correspondence and contacts our office has had with the Center, there is some confusion as to the work being done without a permit and without our having knowledge of the plan extent. I would appreciate it if you would check on this as I understand you do have the plans and have them submitted to us for our review along with the normal permit request.

Best regards,

Bob Brown
Director Building & Inspection Services

RLB:m

From the desk of —
A. Allan Soule

Bob -

6/20/69

O.K. ^{use} under section 602.5A
under zoning. Parking will need
to be checked. — Permit
needed for new use & O.K.
of Fire Dept. needed. —

Allan

Ed. Will you write
letter on this — Ed.



MAINE
MEDICAL
CENTER

PORTLAND, MAINE 04102

(207) 775-5454
8710111

OFFICE OF
PLANT SUPERINTENDENT

June 16, 1969

Mr. Alan Soule
Building Inspection Office
City Hall
Portland, Maine

Dear Sir:

We are proposing the use of the so called Chisholm House at 297 Western Promenade for the relocation of a diagnostic and therapeutic service performed by the Northeast Hearing and Speech Center. This agency will become an integral part of the Maine Medical Center if this variance is granted. The proposed use of the building is as follows:

In the room immediately to the right of the entrance, there will be located the Director of the Hearing and Speech Service and a secretary.

In the room to the left as you enter will be office space for two speech therapists.

In the room adjoining this to the rear will be therapy facilities for the treatment of patients with speech difficulties.

In the room adjoining the kitchen, designated as the pantry will be another therapy room while the area now designated as a kitchen will be equipped as a speech diagnostic room in which one therapist and one patient will be together at any time. The number of people associated with this activity would be a secretary and three therapists. Patients will be seen by appointment with seven or eight at any one time being the maximum. A print of the first floor is attached which should aid in the interpretation of the above description.

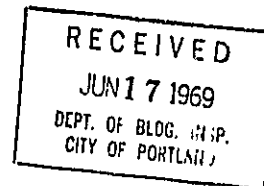
This building and the garage to the rear is located on a lot of 18,500 square feet. An adjacent lot is part of the property and adds another 14,000 square feet.

If there are any questions do not hesitate to contact me.

O. K. number Section 607.5A

Yours truly,

[Signature]
Donald W. Bail
Plant Superintendent



DWB/jp
Enclosure
cc: P. K. Reiman

8/19/69
Plan sent to
Mr. Bail

233
Re: ~~297~~ Western Promenade

August 11, 1969

Maine Medical Center,
22 Bramhall Street

Attention: Donald W. Bail
Plant Superintendent

Dear Mr. Bail:

It is necessary for you or your authorized representative to come here to City Hall, Room 113 to apply for a permit to change the use of this building at the above named location. It will also be necessary to label each room so that we will know what they will be used for, and a plot plan showing the required parking under the Zoning Ordinance.

The Zoning Ordinance states under Section 602.14B5 that one parking space for each ten seats or major fraction thereof used for purpose of instruction and if no fixed seats one parking space for each 100 square feet or major fraction thereof used for the purpose of instruction shall be provided. We will then be able to check your application against the requirements of the Zoning Ordinance and the Building Code.

We will also need to know what the second floor or upper floors will be used for or plan to be used for in the future.

Very truly yours,

A. Allan Scule
Assistant Director

AAS/h



MAINE
MEDICAL
CENTER

PORTLAND, MAINE 04102

(207) 775-5454

OFFICE OF
PLANT SUPERINTENDENT

August 6, 1969

R. Lovell Brown
Building Inspection Office
City Hall
Portland, Maine

Dear Sir:

In accordance with instructions and information from Mr. Soule and Mr. Locke of your office, we herewith apply for a building permit allowing the use of 297 Western Promenade by Northeast Hearing and Speech Center. The description of use and print of the floor and plot plan is in your office dated June 16, 1969. Ample parking is available on the lot either at the rear or by widening the driveway.

Yours truly,

Donald W. Bail
Plant Superintendent

DWB/jp

cc: P. K. Reiman, Director, MMC

CITY OF PORTLAND, MAINE

Application for Permit to Install Wires

Permit No. 5-8526
 Issued 2/19/70
3/2, 1970

Portland, Maine

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 Medical Center Tel. 871-2396
 Contractor's Name and Address Edward J. Greenwood Tel. 284-6986
 Location 233 Western Use of Building Office Space
 Number of Families Ap Stores 2 Number of Stories 2
 Description of Wiring: New Work Install 100 amp service Additions X Alterations X

Pipe X Cable Metal Molding BX Cable Plug Molding (No. of feet)
 No. Light Outlets Plugs Light Circuits Plug Circuits

FIXTURES: No. Floor or Strip Lighting (No. feet)
 SERVICE: Pipe 2 Cable #4 Underground No. of Wires 3 Size #4
 METERS: Relocated Added 1 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.

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 January 19, 70 Ready to cover in Feb 1970 Inspection 19
 Amount of Fee \$

Signed Edward J. Greenwood

DO NOT WRITE BELOW THIS LINE

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

Change - Entrance Cable - to #2 Copper instead of #4 for 100 Amp

INSPECTED BY [Signature]

65 AMP (COVER)

Secure 2465
 1970 - 6113

LOCATION *Western Prom 233*
 INSPECTION DATE *3/2/70*
 WORK COMPLETED *3/2/70*
 TOTAL NO. INSPECTIONS *1*
 REMARKS.

FEEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963

WIRING

1 to 30 Outlets	\$ 2.00
31 to 60 Outlets	3.00
Over 60 Outlets, each Outlet	.05
(Each twelve feet or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet).	

SERVICES

Single Phase	2.00
Three Phase	4.00

MOTORS

Not exceeding 50 H.P.	3.00
Over 50 H.P.	4.00

HEATING UNITS

Domestic (Oil)	2.00
Commercial (Oil)	4.00
Electric Heat (Each Room)	.75

APPLIANCES

Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Built-in Dishwashers, Dryers, and any permanent built-in appliance — each unit	1.50
---	------

MISCELLANEOUS



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, June 20, 1956

PERMIT ISSUED 00845 JUN 20 1956 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 233 W. Promenade Use of Building garage & servant living quarters No. Stories Existing " Name and address of owner of appliance Hugh J. Chisholm 233 W. Promenade Installer's name and address Marshall Engineering Co., 116 Middle St. Telephone 3-1524

General Description of Work

To install oil burning equipment in connection with existing steam heating system (conversion)

IF HEATER, OR POWER BOILER

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

IF OIL BURNER

Name and type of burner William K 4-5 Labelled by Underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? top Type of floor beneath burner concrete Size of vent pipe Location of oil storage outside underground Number and capacity of tanks existing Low water shut off yes Mel. McDonnell Miller No. 47 Will all tanks be more than five feet from any flue? yes How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

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

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

[Empty lines for miscellaneous information]

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: [Signature] JUN 20 1956 [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

Marshall Engineering Co.

Signature of Installer by: [Signature]



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED
00752

MAY 18 1953

CITY OF PORTLAND

Portland, Maine, May 18, 1953

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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 233 Western Promenade Use of Building 1-family dwelling No. Stories New Building
Name and address of owner of appliance High Chisholm, 233 Western Promenade Existing "
Installer's name and address The Fels Co., Inc., 42 Union St. Telephone 2-1939

General Description of Work

To install steam boiler ~~and with the following specifications~~ (replacement)

IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? no
If so, how protected? _____ Kind of fuel? oil
Minimum distance to burnable material, from top of appliance or casing top of furnace 2'
From top of smoke pipe 15" From front of appliance over 4' From sides or back of appliance over 3'
Size of chimney flue 18x18 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

Name and type of burner by others Labeled by underwriter's laboratories? _____
Will operator be always in attendance? _____ Does oil supply line feed from top or bottom of tank? _____
Type of floor beneath burner _____
Location of oil storage _____ Number and capacity of tanks _____
If two 275-gallon tanks, will three-way valve be provided? _____
Will all tanks be more than five feet from any flame? _____ How many tanks fire proofed? _____
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? _____ Kind of fuel? _____
Minimum distance to wood or combustible material from top of appliance _____
From front of appliance _____ From sides and back _____ From top of smokepipe _____
Size of chimney flue _____ Other connections to same flue _____
Is hood to be provided? _____ If so, how vented? _____ Forced or gravity? _____
If gas fired, how vented? _____ Rated maximum demand, per hour _____

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

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

APPROVED:

05-18-53 *[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

The Fels Co., Inc.

Signature of Installer by:

Charles H. Nelson

5-27

SESTON
APPLICATION FOR PERMIT FOR
LEARNING COOKING THE POWER EQUIPMENT

Permit No. 53/752

Location 233 Cl...

Owner Hughie...

Date of permit 5/18/53

Approved 5-26-53 DMH

1. Name of applicant: _____

2. Name of employer: _____

3. Name of instructor: _____

4. Name of supervisor: _____

5. Name of equipment: _____

6. Name of location: _____

7. Name of permittee: _____

8. Name of permittee: _____

9. Name of permittee: _____

10. Name of permittee: _____

11. Name of permittee: _____

12. Name of permittee: _____

13. Name of permittee: _____

14. Name of permittee: _____

15. Name of permittee: _____

16. Name of permittee: _____

17. Name of permittee: _____

18. Name of permittee: _____

19. Name of permittee: _____

20. Name of permittee: _____

21. Name of permittee: _____

22. Name of permittee: _____

23. Name of permittee: _____

24. Name of permittee: _____

25. Name of permittee: _____

26. Name of permittee: _____

27. Name of permittee: _____

28. Name of permittee: _____

29. Name of permittee: _____

30. Name of permittee: _____



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED APR 30 1953 CITY OF PORTLAND

Portland, Maine, April 17, 1953 Plan 4/28/53

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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 233 Western Prom Use of Building dwelling No. Stories 2 New Building Existing
Name and address of owner of appliance Hugh Chisholm 233 Western Prom
Installer's name and address Ballard Oil & Equip Co 135 Marginal way Telephone 2-1991

General Description of Work

To install one fully automatic burner in att. room B-260 To be installed about 4/28/53

IF HEATER, OR POWER BOILER

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

IF OIL BURNER

Name and type of burner Esso EC-3 Labelled by underwriter's laboratories? Yes
Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom 10/3
Type of floor beneath burner cement
Location of oil storage basement Number and capacity of tanks 1 - 3000
If two 275-gallon tanks, will three-way valve be provided?
Will all tanks be more than five feet from any flame? Yes How many tanks fire proofed? none
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? Kind of fuel?
Minimum distance to wood or 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

1-4-47-2 in Portland City Dept. for heat & hot water
1/2" vent
This will be ready for inspection of tank & piping when ready about 4/28/53

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.)

DEPT. Required.

APPROVED: 4-30-53

Signature of Inspector

Inspector of Buildings

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

Ballard Oil & Equipment Co

Signature of Installer BY: A. H. ...

INSPECTION COPY

5-8 5-28
5-11

Permit No. 531627

Location 253 Jackson Drive

Owner George Washburn

Date of permit 4/30/53

Approved 5-26-53 [Signature]

NOTES

- 1. Fall Pipe ~~_____~~
- 2. Vent Pipe ~~_____~~
- 3. Kind of Heat ~~_____~~
- 4. Burner Efficiency & Supports ~~_____~~
- 5. Name & Label ~~_____~~
- 6. Stack Control ~~_____~~
- 7. High Limit Control ~~_____~~
- 8. Remote Control ~~_____~~
- 9. Piping Support & Protection ~~_____~~
- 10. Valves in Supply Line ~~_____~~
- 11. Capacity of Tanks ~~_____~~
- 12. Tank Rigidity & Supports ~~_____~~
- 13. Tank Distance ~~_____~~
- 14. Oil Gauge ~~_____~~
- 15. Distortion Card ~~_____~~
- 16. Low Water Shut-off ~~_____~~

Memorandum from Department of Building Inspection, Portland, Maine

233 Western Promenade—Installation of oil burning equipment for high
Chiswick by Ellard Oil & Equipment Co.

Before tank and piping is covered from view, installer is re-
quired to notify Fire Department manufacturer of readiness for inspec-
tion and to refrain from covering up until approved by the Fire Depart-
ment.

This tank of 3000 gallons capacity is required to be of steel
or wrought iron no less in thickness than No. 7 gauge and before in-
stallation is required to be protected against corrosion, either through
galvanizing, by the preliminary coating of the tank and heavy coat of
hot asphalt, or a like treatment.

Pipe lines connected to underground tanks, other than tubing
and except fill lines and test wells, must be provided with double swing
joints arranged to permit the tank to settle without impairing the
efficiency of the pipe connections.

Owner and installer will have to bear the responsibility for the
structural capacity of the tank to support loads from above such as heavy
motor trucks.

If tank will be so located as to be subjected to the action of high
water or "float" water, adequate anchorage or weightings must be provided
to prevent "floating" when tank is empty or nearly so.

CC: Mr. J. H. Chiswick
233 Western Promenade

Oliver T. Sanborn, Chief
of the Fire Department

(Signed) Warren McDonald
Inspector of Buildings

231-237

Specification
for Vault in Garage
Hugh J. Chisholm - Portland, Maine

RECEIVED
MAR 13 1936
DEPT. OF ENGR. & ARCH.
CITY OF PORTLAND

- Take care of plumbing and heating pipes, radiators, etc.
- Hang stairs and partitions from 2nd floor.
- Remove concrete floor 1st floor, 1st floor framing, stairs to basement,
brick wall in basement, basement floor where vault occurs.
- Brick up timber holes, cut slots for new 1st floor.
- Remove brick partition wall in basement.
- Excavate for vault walls and new floor.
- Install lead tile and gravel fill to receive new floor.
- Build concrete walls and roof of vault, reinforced as indicated.
- Install concrete floor in vault and patch floor outside vault
of vault door.
- Surface the two exposed exterior walls of vault.
- Apply 2-ly membrane waterproofing to roof of vault.
- Re-locate 1st floor drain, 1st floor.
- Install reinforced concrete floor, 1st floor.
- Install vents of 3" galvanized iron pipe through exterior walls, with
valves outside vault in order that circulation may be suspended
in humid weather.
- Apply 1" sheet cork with Armstrong's cement on walls and ceiling of vault;
cork to have a sanded surface, but no other treatment.
- Install Asphalt Tile on floor of vault in black, mahogany or red color.
- Provide electric outlets and switching as indicated.
- Seal joint the two exposed walls of vault in basement.



APPLICATION FOR PERMIT

PERMIT ISSUED
0197

Class of Building or Type of Structure Second Class MAR 16 1936
Portland, Maine, March 15, 1936

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter insutt 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 255 Eastern Promenade Ward 7 Within Fire Limits? yes Dist. No. 5
Owner's or Lessee's name and address Hugh J. Chisholm, 255 Eastern Promenade Telephone _____
Contractor's name and address F. V. Cunningham & Sons, 181 State St. Telephone 5-0246
Architect's name and address _____
Proposed use of building 2 car garage No. families _____
Other buildings on same lot 1 family dwelling house
Plans filed as part of this application? yes & Specif No. of sheets 2
Estimated cost \$ 2,200. Fee \$ 3.75

Description of Present Building to be Altered

Material brick No. stories 2 Heat _____ Style of roof _____ Roofing _____
Last use 2 car garage No. families _____

General Description of New Work

To replace existing wood floor, first floor, with reinforced concrete floor
To build reinforced concrete vault in basement.
All as per plans submitted.

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.

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

Details of New Work

Site front _____ depth _____ No. stories _____ Height average grade to top of plate _____
Height average grade to highest point of roof _____
The erected on solid or filled land? _____ earth or rock? _____
Material of foundation _____ Thickness, top _____ bottom _____
Material of underpinning _____ Height _____ Thickness _____
Kind of Roof _____ Rise per foot _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____
Corner posts _____ 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 _____
On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
Maximum span: 1st floor _____, 2nd _____, 3rd _____, height? _____
If one story building with masonry walls, thickness of walls? _____
If a Garage _____
No. cars now accommodated on same lot _____ to be accommodated _____
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 Hugh J. Chisholm
F. V. Cunningham & Sons

INSPECTION COPY [Signature] Signature of planer By Thomas P. Ballona

Ward 7 Permit No. 36/194 P

233 Western Court

Hugh J. Clipheden

of permit 3/14/36

...otl. closing-in
Inspn. closing-in
Final Notif.
Final Inspn. 5/13/36
Cert. of Occupancy issued None

NOTES

3/18/36 - No work started - A.J.S.

3/25/36 - Clearing out old floor - A.J.S.

4/3/36 - Forms for vaults erected - A.J.S.

4/15/36 - Concrete vault poured yesterday - A.J.S.

4/30/36 - slab poured - A.J.S.

5/6/36 - stripping forms - A.J.S.



APPLICATION FOR PERMIT

PERMIT ISSUED
0143

FEB-21-1933

Class of Building or Type of Structure Second Class

Portland, Maine, February 21, 1933

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 275 Western Promenade Ward 7 Within Fire Limits? yes Dist. No. 3

Owner's or Lessee's name and address Hugh J. Chisholm, 119 Exchange St., New York City Telephone 7-5580

Contractor's name and address F. W. Cunningham & Sons, 181 State St. Telephone 7-5580

Architect's name and address _____ No. families 1

Proposed use of building dwelling house

Other buildings on same lot 3 car garage

Filed as part of this application? plans and specifications No. of sheets 4

Estimated cost \$ 20,000. Fee \$ 15.00

Description of Present Building to be Altered

Material brick No. stories 3 Heat _____ Style of roof _____ Roofing _____
Last use dwelling house No. families 1

General Description of New Work

- To make alterations to dwelling house as per plans and specifications submitted
- To remove portion of existing one story open piazza on front and side
- To build one story brick addition on rear of dwelling house

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED

I hereby understand that this permit does not include installation of heating apparatus which is to be taken out separately, but in the name of the heating contractor.

Details of New Work

Height average grade to top of plate _____
Size front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
to be erected on solid or filled land? _____ earth or rock? _____

Material of foundation _____ Thickness, top _____ bottom _____

Material of underpinning _____ Height _____ Thickness _____

Kind of Roof _____ Rise per foot _____ Roof covering Copper

No. of chimneys _____ Material of chimneys _____ of lining _____

Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____

Corner posts _____ 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 _____ers: 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? _____

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 Hugh J. Chisholm
F. W. Cunningham & Sons

INSPECTION COPY

7 Perm. it No. 37143 P

Location 233 Western

Owner Hugh L. Christensen

Date of permit 2/21/33

Notif. closing-in 2/24/33 7:15 A.M.

Inspn. closing-in 3/24/33 2:10 P.M.

Final Notif.

Final Inspn. 5/31/33

Cert. of Occupancy issued None

NOTES

- 2/27/33 - Work begun
- 2/28/33 - A.G.S.
- 3/6/33 - Work progressing
- 3/11/33 - Sill for window built
- 3/11/33 - Sill for window built
- 3/15/33 - Work progressing
- 3/15/33 - A.G.S.
- 3/26/33 - Work progressing
- 3/26/33 - A.G.S.
- 4/7/33 - Plastering first floor A.G.S.
- 5/1/33 - Putting on inside finish A.G.S.
- 5/23/33 - Working on

OFFICE OF THE CITY ENGINEER



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date February 19, 19 91
 Receipt and Permit number 01907

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: 233 Western Prom
 OWNER'S NAME: Maine Medical Center ADDRESS: 22 Bramhall

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
WIRES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>200</u>	15.00
METERS: (number of) <u>2</u>	2.00
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compressors _____	
Fans _____ (of _____ note) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	5.00
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
DOUBLE FEE DUE: _____	
TOTAL AMOUNT DUE: _____	22.00

INSPECTION: Will be ready on NOW, 1991; or Will Call _____
 CONTRACTOR'S NAME: William Swanton, Jr. E. S. Boulos Co.
 ADDRESS: 28 Foden Road, South Portland, 04106
 TEL: 772-3706
 MASTER LICENSE NO.: MS 6003374 SIGNATURE OF CONTRACTOR: *William Swanton, Jr.*
 LIMITED LICENSE NO.: _____

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

please call after inspection so we can arrange a cutover with CMP - thanks

013114

Permit # 013114 City of Portland BUILDING PERMIT APPLICATION Fee 110. Zone _____ Map # _____ Lot# _____

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

Owner: Maine Medical Center Phone # 371-2931
 Address: 22 W Barnhill St; Portland, ME 04102
 LOCATION OF CONSTRUCTION X3 233 Western Promenade
 Contractor: Les Wilson & Sons Sub: 354-4533
 Address: Box 102; Westbrook, ME Phone # 01099
 Est. Construction Cost: _____ Proposed Use: add bldg w/a tank
 Past Use: add bldg w tank
 # 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 remove tank

For Official Use Only

Date: 10/2/91 Subdivision _____
 Inside Fire Limits _____
 Blg Code _____ Ownership _____
 Time Limit _____
 Estimated Cost _____

PERMIT ISSUED
 OCT - 4 - 1991
 CITY OF PORTLAND

Zoning: 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) 10-4-91

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

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____ **HISTORIC PRESERVATION**
 2. Ceiling Strapping Size: _____
 3. Type Ceiling: _____ **Not in District nor Landmark**
 4. Insulation Type: _____ Size: _____ **Does not require review.**
 5. Ceiling Height: _____ **Requires Review.**

Roof:
 1. Truss or Rafter Size: _____ Span _____
 2. Sheathing Type: _____ Size _____
 3. Roof Covering Type: _____ **Approved with conditions**

Chimneys:
 Type: _____ Number of Fire Places _____
 Date: 10/2/91

Heating:
 Type of Heat: _____
 Service Entrance Size: _____ Smokes 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 Pool:
 1. Type: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law

Permit Received By Louise E. Chase
 Signature of Applicant [Signature] Date 10/2/91
 CEO's District [Signature]

PERMIT ISSUED WITH REQUIREMENTS
PERMIT ISSUED WITH REQUIREMENTS
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO [Signature]

White - Tax Assessor

PLOT PLAN



X

FEES (Breakdown From Front)

Base Fee \$ 70-
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

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

COMMENTS

CERTIFICATION

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

SIGNATURE OF APPLICANT *[Signature]* ADDRESS PO Box 1028 Westport, MA agent for owner
 RESPONSIBLE PERSON IN CHARGE _____ PHONE NO. 8544583
 TITLE _____ PHONE NO. _____

BUILDING PERMIT REPORT

PERMIT (ISSUE)
WITH REQUIREMENTS

DATE: 10-3-91

ADDRESS: 237 Western Providence

REASON FOR PERMIT: Underground Tank Removal Installation

1 - 2000 gal fuel oil

BUILDING OWNER: Maine Medical Center

CONTRACTOR: L. G. & Son

PERMIT APPLICANT: R. W. G. G. G.

APPROVED: K DENIED

CONDITION OF APPROVAL OR DENIAL:

- ✓ (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691
- ✓ (2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- ✓ (3) Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

RECEIVED

OCT 02 1991

7/88

Maine Department of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17
Augusta, Maine 04333
Telephone: 207-289-2651
Attn: Tank Removal Notice

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

COPY

NOTICE OF INTENT
TO ABANDON (REMOVE) AN
UNDERGROUND OIL STORAGE FACILITY

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: MAINE Medical Center
Mailing Address: 22 Bramhall St Telephone No.: 871 2988
City: Portland State: ME Zip Code: 04102
Contact Person (name, address & telephone no.): GARY SACCO

Name of Facility: same Registration No.: 12076
Facility Location: Chisholm House 233 Western Prom.

1. Identify the tanks at this location which are to be removed:

Tank Number	Age of Tank (years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A. 1	N/A	2000	Fuel Oil
B.			
C.			
D.			

2. Directions to Facility (be specific):

off western Promenade (233)

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes No (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: LCS WILSON & SON 8544583

Certified Tank Installer Certification Number & Name (if applicable): N/A

Professional Firefighter Yes No Affiliation: _____

5. Expected date of removal: 10/22/91

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 9/22/91

Ronald Wilson Rep
Signature of Tank Owner or Operator
Ronald Wilson Rep
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS

SAM
Fire Department



Carlton E. Winslow, Jr.
Chief of Department

September 16, 1991

CITY OF PORTLAND

Mr. Jeffrey C. Sanborn
Maine Medical Center
22 Bramhall Street
Portland, ME 04102

Re: 233 Western Promenade

Dear Mr. Sanborn,

This letter is in follow up to our meeting and tours through 233 Western Promenade. The following list of deficiencies may be used in planning for future use of the building and serve as a guide for solving immediate deficiencies.

1. Exit passageways do not meet the requirements of Section 5-2.6 of the N.F.P.A. 101 Life Safety Code.
 - (a) Section 5-2.6.3 stair discharge is especially deficient in this building, both stairs are noncompliant.
2. Arrangement of exits does not meet the separate and remote requirement Ref Section 5-5.1.3.
3. Existing exit arrangements are not in compliance with Section 5-5.2.1 specifically exiting through a kitchen.
4. Exit discharge is not in compliance with Section 5-7.
5. Emergency lighting is deficient. Some existing units not operable at time of inspection on 9-6-91.
6. Marking of means of egress is deficient especially on the first floor to the 2nd means of egress.
7. Protection of vertical opening, ie stairway, is deficient in the following areas:
 - (a) Stairways not enclosed at 1st floor.
 - (b) Main stairway enclosed on 2nd floor not continuous, interrupted by arrangement that causes occupants exiting from the 3rd floor to leave enclosure and pass through as an unrated corridor then reenter stairway.
 - (c) Old, non fire resistant doors still in place in several areas including between the two stairways.
 - (d) Fire door on 3rd floor to small stairway lacks fire exit hardware, ie no latch.
 - (e) Fire door on 2nd floor to main stair also lacks fire exit hardware.
 - (f) No separation of exit discharge on 1st floor.
 - (g) Door to cellar not fire resistance rated.
8. Boiler room does not have sprinkler protection as required Ref Section 17-3.2.2.
9. Laundry room is not protected as required by Ref Section 17-3.2.2.
10. Exiting from basement level is deficient:
 - (a) Rear exit to exterior is not full height.
 - (b) Stairway to 1st floor does not discharge to an exit discharge corridor.

11. The fire alarm system does not fully meet the requirements of Section 17-3.4.
12. Guest room doors do not meet the requirements of Sections 17-3.6.2 and 17-3.6.3.
13. The main electrical disconnect switch is housed in a combustibile enclosure and may be in violation of N.F.P.A. 70, The National Electrical Code. Review with the Electrical Inspector is recommended.
14. Storage and records storage rooms are not protected as required by Section 17-3.2.2.
15. Both the front and rear exterior doors are inward against the direction of exit travel.

The above listed deficiencies must be corrected. Please submit your plan of correction within 30 days and begin correction of any routine maintenance type deficiencies immediately.

Please feel free to contact me at Fire Headquarters if I can be of any assistance.

Sincerely,

Wallace C. Garroway Jr.
Wallace C. Garroway
Fire Prevention Bureau

cc: P. Samuel Hoffes, Chief of Inspection Services
Sven Borglund, Chief Electrical Inspector
/mg

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

Permit No: **950663**

Location of Construction: 233 Western Prom Rear		Owner: MMC	Phone:
Owner Address:		Lease/Buyer's Name:	Business Name:
Contractor Name: Edward Hebert & Sons		Address: 9 Gould Rd Lewiston, ME 04240	
Past Use: Print Shop		Proposed Use: Same	
Proposed Project Description: Make interior ^{exterior} Renovations		Action: Approved Approved with Conditions Denied	
Permit Taken By: Mary Gresik		Date Applied For: 26 June 1995	

PERMIT ISSUED
Permit Issued:
JUN 29 1995
CITY OF PORTLAND

COST OF WORK: \$ 16,000.00	PERMIT FEE: \$ 100.00
FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: Signature: <i>Holfer</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Signature: _____ Date: _____	

Zone: *R-1* CBL: 063-E-004
Zoning Approval: *OK 6/27/95*
 Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules
 - Building permits do not include plumbing, septic or electrical work.
 - Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.
- No debris removal necessary

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *6/27/95*

[Signature]

CERTIFICATION

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

SIGNATURE OF APPLICANT: *Daniel R. Hebert* ADDRESS: _____ DATE: 26 June 1995 PHONE: _____

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

CEO DISTRICT **3**
A. Sampson

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

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

Location of Construction: <i>233 Western Prom</i>		Owner: <i>M.M.C.</i>		Phone:		Permit No: 50937	
Owner Address: <i>22 Bramhall St, Portland Me 04104</i>		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: <i>*H.E. Callahan Const. Inc.</i>		Address: <i>BA 677 Turner Rd, Auburn Me</i>		Phone: <i>784-6927</i>		Permit Issued: SEP - 7 1995	
Past Use: <i>- dormitory</i>		Proposed Use: <i>dormitory w inter renovations</i>		COST OF WORK: <i>\$ 52,100</i>		PERMIT FEE: <i>\$ 285</i>	
Proposed Project Description: <i>- interior renovations</i>				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION Use Group: Type:	
Permit Taken By: <i>L Chase</i>				Date Applied For: <i>8-16-95</i>			

PERMIT ISSUED
SEP - 7 1995
CITY OF PORTLAND

Zone: CBL:
Zoning Approval: *OKS 8/31/95*
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm
Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

PERMIT ISSUED WITH LETTER

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

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

David A. Powell
SIGNATURE OF APPLICANT ADDRESS: DATE: *8-16-95* PHONE: *784-6927*

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public Ivory Card-Inspector

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review
Action:
 Approved
 Approved with Conditions
 Denied
Date: *8/31/95*
CEO DIS IT **3**
A. SIMPSON

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date 11/13/95
 Permit # 5600

LOCATION: 233 Western Promenade
& 233 Rear

OWNER: Maine Medical Ctr ADDRESS _____

								TOTAL EACH FEE	
OUTLETS									
	2	Receptacles	1	Switches			3	.20	.60
FIXTURES		(number of)							
	2	Incandescent		fluorescent			2	.20	.40
		fluorescent strip		3 door holders				.20	.60
SERVICES									
	1	Overhead			TTL AMPS TO	800	225	15.00	15.00
		Underground				800		15.00	
TEMPORARY SERV.									
		Overhead			AMPS OVER	800		25.00	
		Underground				800		25.00	
METERS	1	(number of)						1.00	1.00
MOTORS		(number of)						2.00	
RESID/COM		Electric units						1.00	
HEATING		oil/gas units						5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00	
		Water heaters		Fans		Fryers		2.00	
Disposals		Dishwasher		Compactors		Others (denote)		2.00	
MISC. (number of)		Air Cond/win						3.00	
		Air Cond/cent						10.00	
		Signs						5.00	
		Pools						10.00	
		Alarms/res						5.00	
		Alarms/com						15.00	
		Heavy Duty						2.00	
		Outlets							
		Circus/Carnv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
	6	E Lights						1.00	6.00
		E Generators						20.00	
	1	Panels						4.00	4.00
TRANSFER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva						10.00	
TOTAL AMOUNT DUE									
MINIMUM FEE								25.00	27.60

INSPECTION: Will be ready 12-9-95 or will call X

CONTRACTORS NAME Moreau Elect
 ADDRESS 711 Lisbon St- LEwiston
 TELEPHONE 782-4800
 MASTER LICENSE No. John Tew - #15600 SIGNATURE OF CONTRACTOR
 LIMITED LICENSE No. _____ *John R. Tew*

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

Location of Construction: 233 Western Prom Rear		Owner: MHC		Phone:		Permit No: 950663	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Edward Hebert & Sons		Address: 9 Gould Rd Lewiston, ME 04240		Phone: 783-2091		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED! JUN 29 1995 </div>	
Past Use: Print Shop		Proposed Use: Sale		COST OF WORK: \$ 16,000.00		PERMIT FEE: \$ 100.00	
Proposed Project Description: <i>Interior</i> Make Interior Renovations <i>see contractor 6/27/95</i>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type: <i>MHC 993</i> <i>Refuse</i>		Zone: CBL: 063-2-004 R-1 Zoning Approval: <i>6/27/95</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
		PEDESTRIAN ACTIVITIES DISTRICT (PAD) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: <i>[Signature]</i> Date: <i>[Date]</i>		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Permit Taken By: <i>Mary Greath</i>		Date Applied For: 26 June 1995					

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
 - Building permits do not include plumbing, septic or electrical work.
 - Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.
- No debris removal necessary**

CERTIFICATION

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

Daniel R. Hebert 26 June 1995
 SIGNATURE OF APPLICANT Daniel E. Hebert ADDRESS: DATE: PHONE:
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Action:
 Approved
 Approved with Conditions
 Denied

Date: *6/27/95*
[Signature]

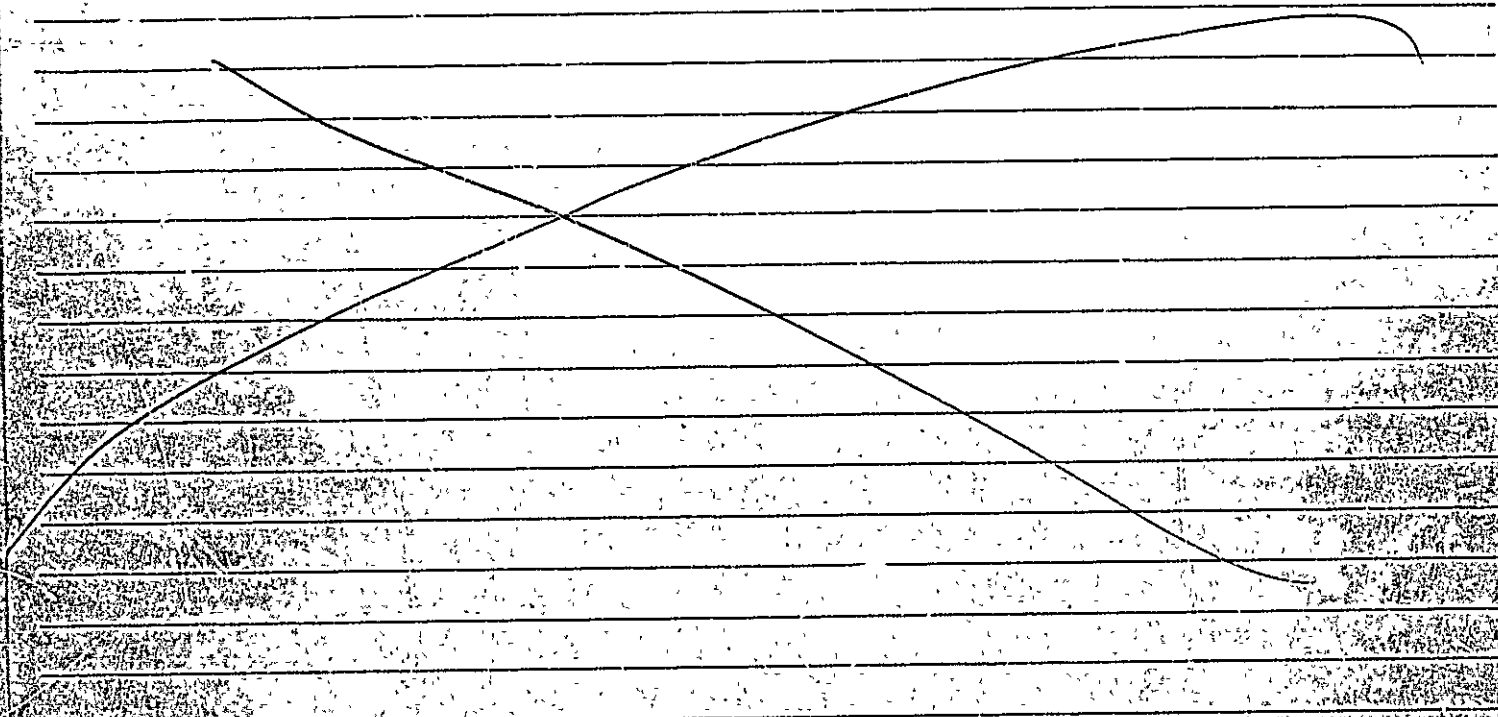
CEO DISTRICT **3**
A. SIMPSON

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

COMMENTS

7/10/95 NW4

8:25 AM roof repair completed, all exterior painting done.



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

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

Location of Construction: 333 Western Prom		Owner: W. M. C.	Phone:	Permit No: 50937
Owner Address: 22 Bramhall St, Portland, ME 04106	Leasee/Buyer Name:	Address: Turner Rd, Auburn, ME	Business Name:	PERMIT ISSUED
Contractor Name: * H. E. Callahan Const. Co.	Proposed Use: domitory w inter renovations	Phone: 784-6927	INSPECTION (paid \$30)	SEP - 7 1995
Past Use: - domitory	COST OF WORK: \$52,700	PERMIT FEE: \$285	Use Group: Type:	CITY OF PORTLAND
Proposed Project Description: - interior renovations	Signature: <i>[Signature]</i>	Signature:	Zone: CBL:	Zone Approval: <i>[Signature]</i> 8/31/95
Permit Taken By: <i>L Chase</i>	Date Applied For: <i>8-16-95</i>	PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)	Special Zone or Reviews:	
		Action: Approved <input type="checkbox"/>	<input type="checkbox"/> Shoreland	
		Approved with Conditions: <input type="checkbox"/>	<input type="checkbox"/> Wetland	
		Denied: <input type="checkbox"/>	<input type="checkbox"/> Flood Zone	
		Signature: Date:	<input type="checkbox"/> Suodivision	
			<input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

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

PERMIT ISSUED WITH LETTER

CERTIFICATION

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

Signature of Applicant: *[Signature]* ADDRESS: DATE: *8-16-95* PHONE: *784-6927*

RESPONSIBLE CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT **3**
A. Simpson