GEO. C. TAINSH

Commercial Signs

CARD, CLOTH,
WOOD, GLASS,
METAL AND

Electric Signs

TELEPHONE 4246

926 Congress St.

G. C. TAINSH SIGN CO.

27 MONUMENT SQUARE
PORTLAND, MAINE

ESTABLISHED 1905

Out Door Advertising

WALL OR BULLETIN
TO PROMOTE THE
SALE OF ANYTHING

Locations Secured

SKETCHES FURNISHED

Feb. 14th, 192/

Permit issued February 15, 1921

Mr. Hanson, Bldg. Inspector
City of Portland,

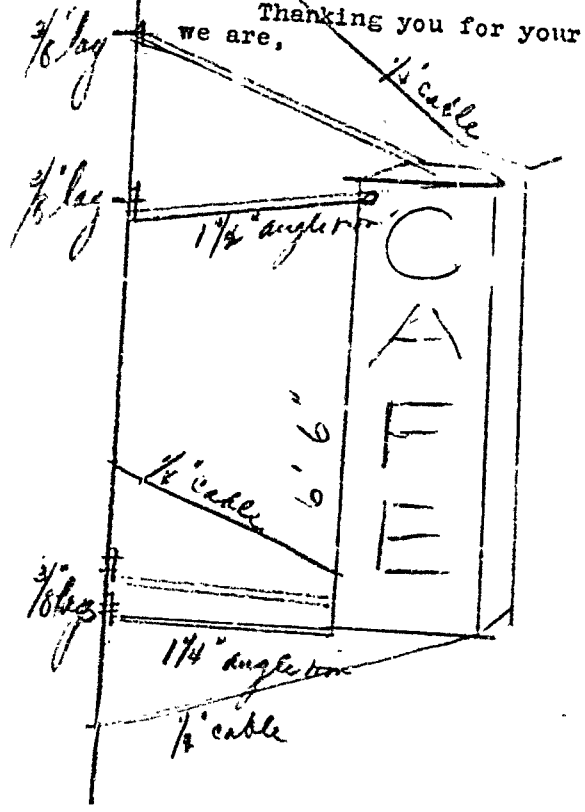
Dear Sir:

We wish to secure permit for hanging sign. Following are measurements and other information for sign hung at 926 Congress St.

Thanking you for your consideration in this matter, we are,

Very truly yours,

G. C. Tainsh Sign Co.



Weight 100 lbs.

Location, Ownership and detail must be correct, complete and legible.
Separate application required for every building.
Plans must be filed with this application.

Application for Permit for Alterations, etc.

To the INSPECTOR OF BUILDINGS:

Portland, March 16, 1920 191

The undersigned applies for a permit to alter the following described building:—

Location 920-930 Congress Street Ward, 7 in fire-limits? no

Name of Owner or Lessee, C. F. Jones Address 730 Congress St

" " Contractor, S. D. Lincoln " 6 Adams Place

" " Architect, "

Description of Present Bldg.

Material of Building is wood Style of Roof, flat Material of Roofing, tar & gravel

Size of Building is 72ft feet long; 46ft feet wide. No. of Stories, 3

Cellar Wall is constructed of stone is inches wide on bottom and batters to inches on top.

Underpinning is brick is inches thick; is feet in height.

Height of Building, 38ft Wall, if Brick; 1st, 2d, 3d, 4th, 5th,

What was Building last used for? stores & tenement No. of Families? 4

What will Building now be used for? same

DETAIL OF PROPOSED WORK

Repair after fire to former conditi... to comply with the building ordinance

Estimated Cost $, 6,000.

IF EXTENDED ON ANY SIDE

Size of Extension, No of feet long? ; No. of feet wide? ; No. of feet high above sidewalk?

No. of Stories high? ; Style of Roof? Material of Roofing?

Of what material will the Extension be built Foundation?

If of Brick, what will be the thickness of External Walls? inches; and Party Walls inches.

How will the extension be occupied? How connected with Main Building?

WHEN MOVED, RAISED OR BUILT UPON

No. of Stories in height when Moved, Raised, or Built upon? Proposed Foundations

No. of feet high from level of ground to highest part of Roof to be?

How may feet will the External Walls be increased in height? Party Walls

IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED

Will an opening be made in the Party or External Walls? in Story.

Size of the opening? How protected?

How will the remaining portion of the wall be supported?

Signature of Owner or Authorized Representative S. D. Lincoln

Address

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

PERMIT # ..... BUILDING PERMIT APPLICATION **Portland** Previous permit # .....

APPLICANT FILL OUT I - XVIII AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 926 Congress Street/corner of Gilman Street

Owner or lessee's name Edith Fields and C.N. Brown Co. Tel 1-800-442-6330

Address So. Paris, Maine

Contractor's name (Send per mit to below) Erskine Construction Co. Tel 773-4004

Address 634 Broadway, So. Portland, Maine

Subcontractors: Thomas Aceto will do the digging

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE

Name

Lot

Block

Bk. & pg. Reg. Deeds

Date recorded

III. PROPOSED USE: CODE If "other" explain Seasonal Condominium Apartment

IV. PAST USE:

V. OWNERSHIP: PUBLIC (Federal/State/local government) PRIVATE (individual/corp/nonprofit)

VI. DESCRIPTION OF WORK:

Removal of 4 Gasoline Tanks underground 15 (4/~~13~~/87)

VII. BUILDING DIMENSIONS: length width square footage height #stories

VIII. EST. CONSTRUCTION COST $ OR $ SQ. FT. OF LAND $ BUILDING $

IX. RESIDENTIAL BUILDINGS ONLY: # BEDROOMS 1 BDRM 2 BDRMS 3+ BDRMS

NEW DWELLING UNITS WITH

EXISTING DWELLING UNITS WITH

X. RESIDENTIAL UNITS:

NEW DWELLINGS

EXISTING DWELLINGS

NET RESIDENTIAL UNITS

XI. SIGNATURE OF APPLICANT: DATE

DO NOT WRITE BELOW THIS LINE

XII. ZONING:

DISTRICT STREET FRONTAGE

SETBACKS: front back side side

ZONING BOARD APPROVAL: no ☐ yes ☐ (date)

PLANNING BOARD APPROVAL: no ☐ yes ☐ (date)

XIII. OFFICE USE:

TAX MAP

LOT

VALUE/STRUCTURE

PERMIT EXPIRATION

XIV. CONDITIONAL USE: variance ____ site plan ____ subdivision ____ shore and floodplain mgmt ____

special exception ____ other ____ (explain) .....

XV. SIGNATURE OF FIELD INSPECTOR (CEO) .....DATE.....

XVI. FEES:

base fee 10.00

subdivision fee

site plan review fee

other fees

late fee

TOTAL 10.00

XVII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:

James V. Calkins, Insp.

PERMIT ISSUED

APR 14 1987

City Of Portland

1. WATER SUPPLY ☐ public ☐ private
2. SEWER ☐ public ☐ private, type
3. HEAT type fuel
4. FOUNDATION type
   thickness footing
5. ROOF type pitch
   covering load
6. PLUMBING # tubs # showers
   # lavatories # laundry tubs
   # flushes # other
   SPRINKLER SYSTEM? ☐ yes ☐ no
7. ELECTRICAL service entrance size
   # smoke detectors

NUMBER OF OFF-STREET PARKING SPACES:
enclosed outdoors

8. CHIMNEY # flues # fireplaces
   material
9. FRAMING: floor joists
   size max. on centers
   ceiling joists
   rafters
   studs
   wall studs
10. If 1-story building w/ masonry walls:
    wall thickness height
11. BEDROOM WINDOWS
    height width sill height
    egress window? ☐ yes ☐ no

PLOT PLAN/DETAILS OF WORK ON REVERSE

White - Municipal Office
Green - Applicant
Yellow - CEO
Pink - Tax Assessor
Gold - GPCOG

PERMIT ISSUED

APR 14 1987

CITY OF PORTLAND

[illegible] McAvoy

PERMIT ISSUED
APR 14 1987
City Of Portland

RECEIVED
APR - 8 1987
DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

Eastern Construction Co.

926 Congress St.

fence
1 / 1 / 1
4M 4M 4M 3M

Belmont St

Removal Funds.

February 27, 1987

PERMIT # ..... BUILDING PERMIT APPLICATION **Portland** Previous permit # .....

APPLICANT FILL OUT I - XVIII AND DETAILS OF WORK ON REVERSE

1594 Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 930 Congress Street

Owner or lessee's name Dr. William Leschov Tel. 772-0740

Address 100 Park Ave.

Contractor's name ~~Kennebec~~ Lodgewood Inc. Tel. 775-0741

Address P. O. Box 8107 04104

Subcontractors:

~~PERMIT ISSUED~~
~~DEC 10 1987~~
~~City Of Portland~~

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE

Name

Lot

Block

Bk. & pg. Reg./ deeds

Date recorded

III. PROPOSED USE: Professional offices If "other", explain Seasonal Condominium Apartment

IV. PAST USE:

V. OWNERSHIP: PUBLIC (Federal/State/local government) PRIVATE (individual/corp/nonprofit)

VI. DESCRIPTION OF WORK:

to construct office building

major site plan revoiw

VII. BUILDING DIMENSIONS: length width square footage height #stories

VIII. EST. CONSTRUCTION COST: 200,000 IX. GR. SQ. FT. OF LAND BUILDING

X. RESIDENTIAL BUILDINGS ONLY: BEDROOMS 1 BDRM 2 BDRMS 3+ BDRMS

NEW DWELLING UNITS WITH:

EXISTING DWELLING UNITS WITH:

XI. RESIDENTIAL UNITS: NEW DWELLINGS EXISTING DWELLINGS NET RESIDENTIAL UNITS

XII. SIGNATURE OF APPLICANT DATE

DO NOT WRITE BELOW THIS LINE

XIII. ZONING:

DISTRICT STREET FRONTAGE

SETBACKS: front back side side

ZONING BOARD APPROVAL: no ☐ yes ☐ (date)

PLANNING BOARD APPROVAL: no ☐ yes ☐ (date)

XIV. OFFICE USE:

TAX MAP #

LOT #

VALUE/STRUCTURE

PERMIT EXPIRATION

XV. CONDITIONAL USE: variance ____ site plan ____ subdivision ____ shore and floodplain mgmt ____
special exception ____ other ____ (explain) .....

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) ..... DATE .....

XVII. FEES:

base fee 1,020.00

subdivision fee

site plan review fee 350.00

other fees

late fee

TOTAL

XVIII. SPACE FOR FIGURING /ADDITIONAL COMMENTS:

1. WATER SUPPLY ☐ public ☐ private
2. SEWER ☐ public ☐ private, type
3. HEAT type fuel
4. FOUNDATION type
6. CHIMNEY # flues #fireplaces material
9. FRAMING: floor joists

PLOT PLAN/DETAILS OF WORK ON REVERSE

13

APPLICATION FOR AMENDMENT TO PERMIT

PERMIT ISSUED
JAN 6 1988
City of Portland

Amendment No. 1

Portland, Maine, December 23, 1987

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 87/1104 *pertaining to the building or structure comprised in the original application 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 939 Congress Street Within Fire Limits? ..... Dist. No. .....

Owner's name and address Dr. William Lescney - Park Street Telephone .....

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

Contractor's name and address Ledgewood Inc. - 30 Portland Pier Telephone 775-0711

Architect ..... Plans filed ..... No. of sheets .....

Proposed use of building professional office No. families .....

Last use ..... No. families .....

Increased cost of work ..... Additional fee .....

Description of Proposed Work

dropped off two of floor plan

Details of New Work

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

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

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

Material of foundation ..... Thickness, top ..... bottom ..... cellar .....

Material of underpinning ..... Height ..... Thickness .....

Kind of roof ..... Rise per foot ..... Roof covering .....

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

Framing lumber—Kind ..... Dressed or full size? .....

Corner posts ..... Sills ..... Girt or ledger board? ..... Size .....

Girders ..... Size ..... Columns under girders ..... Size ..... Max. on centers .....

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor ....., 2nd ....., 3rd ....., roof .....

On centers: 1st floor ....., 2nd ....., 3rd ....., roof .....

Maximum span: 1st floor ....., 2nd ....., 3rd ....., roof .....

Approved:

.....

Signature of Owner David Ingalls for Ledgewood, Inc.

INSPECTION COPY

Approved: .....
Inspector of Buildings

FILE COPY

APPLICANT'S COPY

5

ASSESSOR'S COPY

PERMIT # 1049 CITY OF Portland BUILDING PERMIT APPLICATION MAP # LOT #

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

Owner: Dr. William Leachey

Address: 186 Park Avenue Portland

LOCATION OF CONSTRUCTION 930 Congress Street

CONTRACTOR: Coyne Signs SUBCONTRACTORS:

ADDRESS: 92 Industrial Park Road Saco 04072 772-4144

Est. Construction Cost: Type of Use: Drs office

Past Use:

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

Is Proposed Use: Seasonal Condominium Apartment

Conversion - Explain erect sign onto building - total of 2 sq. ft.

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

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

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

Exterior Walls:
1. Studding Size: Spacing

For Official Use Only

Date June 2, 1988 Subdivision: Yes / No

Inside Fire Limits Name

Bldg Code Lot

Time Limit Block

Estimated Cost Permit Expiration

Value Structure Ownership: Public / Private

Fee 30

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

PERMIT ISSUED
JUN 6 1988
City of Portland

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

Chimneys:
Type: Number of Fire Places

Heating:
Type of Heat:

Electrical:
Service Entrance Size: Smoke Detector Required Yes No

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

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

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

PERMIT # 00647 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Dr. William Leschey

Address: 186 Park Avenue Portland

LOCATION OF CONSTRUCTION 930 Congress Street

CONTRACTOR: Coyne Signs SUBCONTRACTORS: _____

ADDRESS: 2 Industrial Park Road Saco 04072 772-4144

Est. Construction Cost: _____ Type of Use: Drs office

Past Use: _____

Building Dimensions L___ W___ Sq. Ft. ___ # Stories: ___ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment

_____ Conversion - Explain erect sign on to building , total of 25 sq. ft.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

For Official Use Only

Date 6 June 2, 1988

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Value Structure _____

Fee 35 _____

Subdivision: Yes / No

Name _____

Lot _____

Block _____

Permit Expiration: _____

Ownership _____ Public _____ Private

Ceiling:

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

PERMIT ISSUED

JUN 6 1988

City Of Portland

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Zoning:

District B-2 Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodpla. Mgmt. _____ Special Exception _____

Other _____ (Explain)

Date Approved O.K. w/ Fire Marshal June 3, 1988

Permit Received By Lynne Benoit

Signature of Applicant Peter W. Murphy Date 6/2/88

Signature of CEO Peter Murphy Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag-CEO

PLOT PLAN

FEES (Breakdown From Front)

Base Fee $_____

Subdivision Fee $_____

Site Plan Review Fee $_____

Other Fees $_____

(Explain)_____

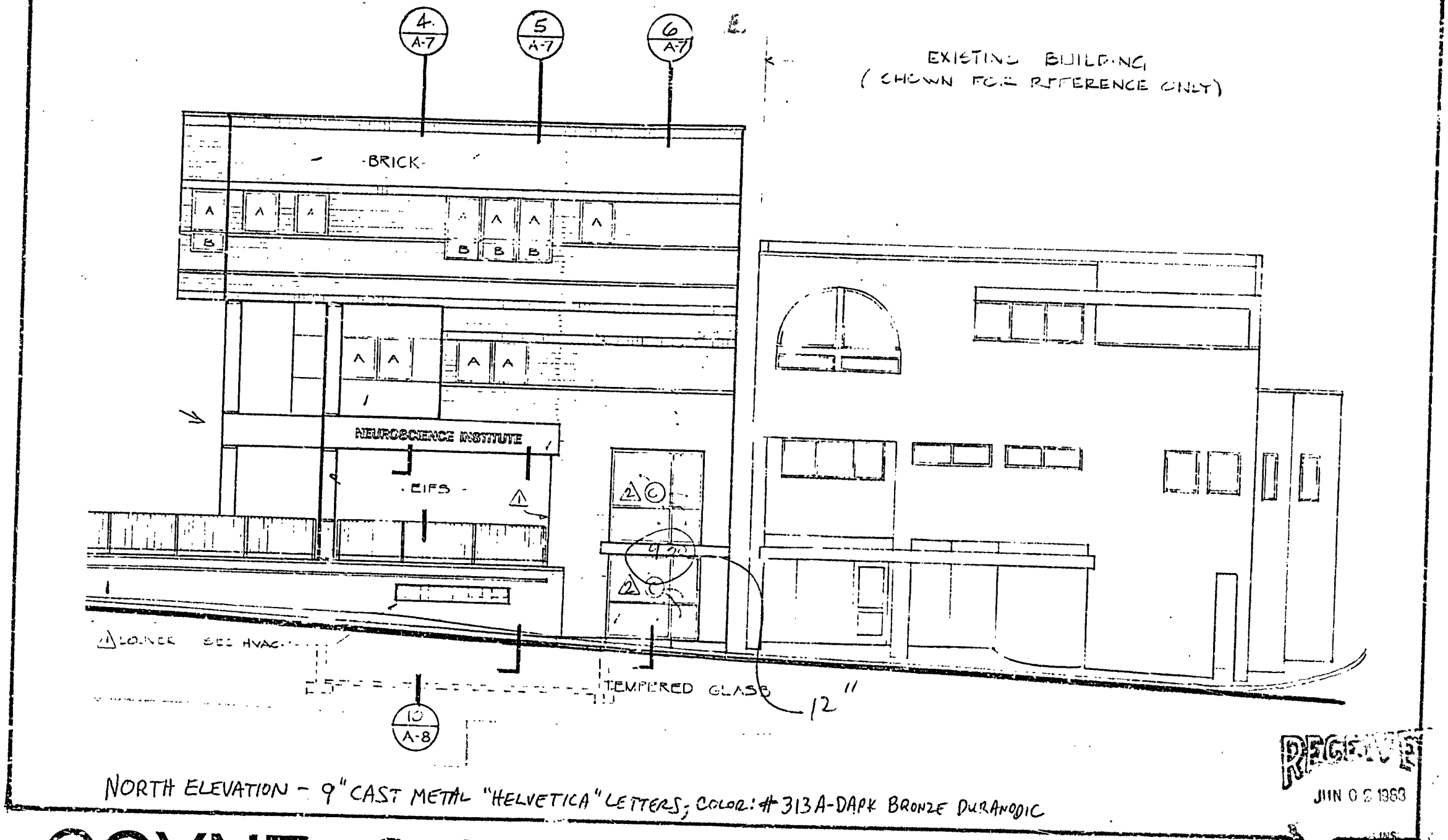
Late Fee $_____

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

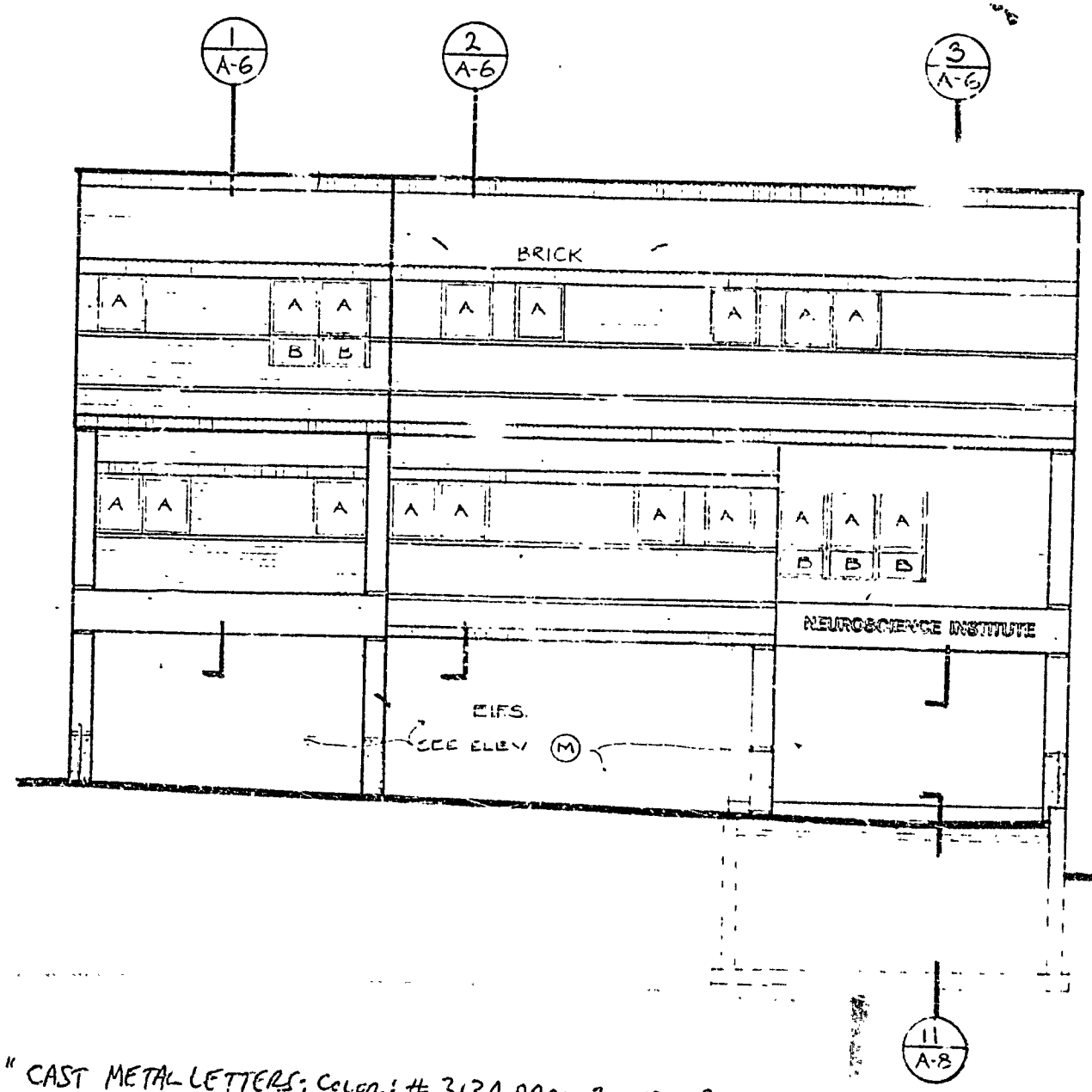
COMMENTS

Signature of Applicant Otis W. Murff **Date**_____



NORTH ELEVATION - 9" CAST METAL "HELVETICA" LETTERS; COLOR: #313A-DARK BRONZE DURANODIC

COYNE SIGNS

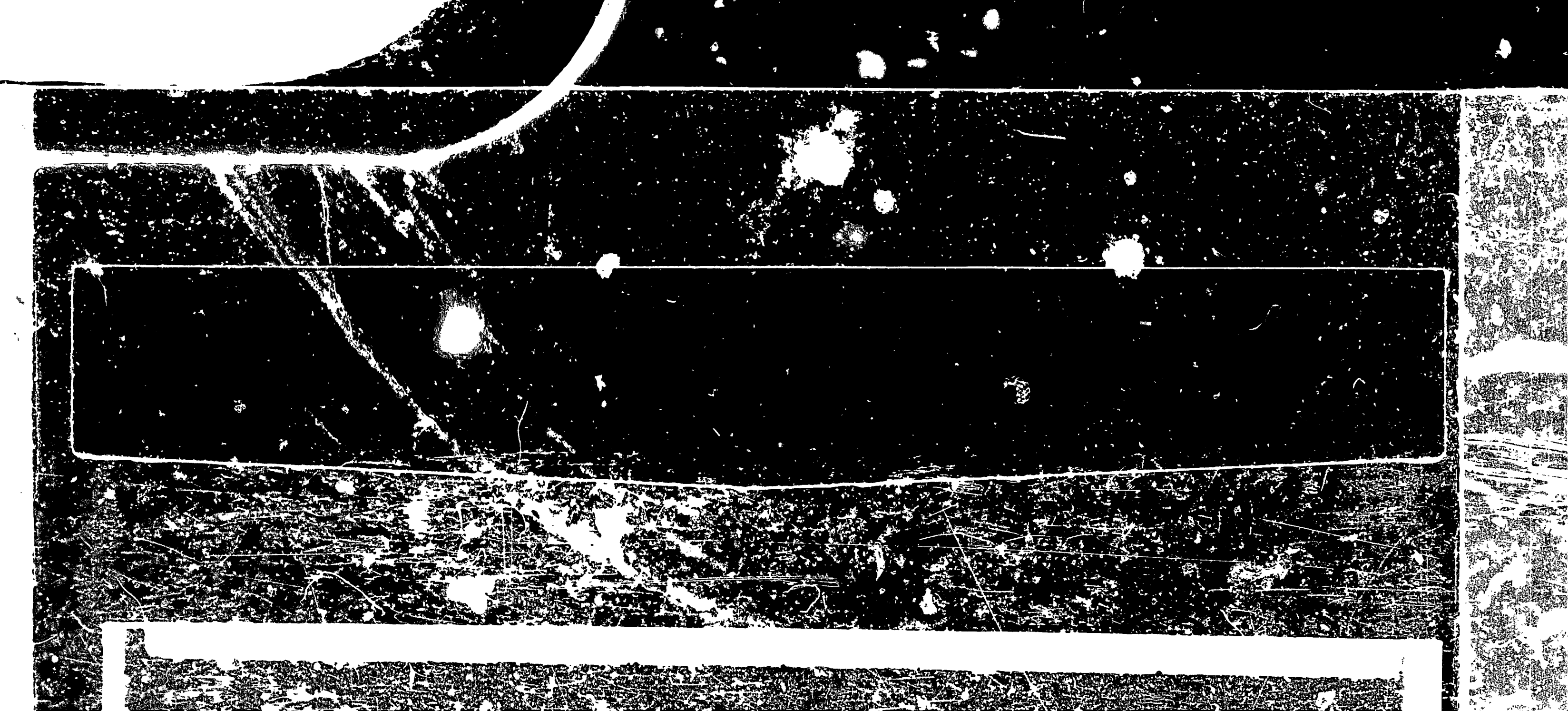


JUN 0 5 1997

DEPT OF BUILDING INSPECTION
CITY OF PORTLAND

EAST ELEVATION 9" CAST METAL LETTERS; Color: # 313A DARK BRONZE DURANODIC

COYNE SIGNS



PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	Gilbert Congress

PROPERTY OWNERS NAME

Last: / First:	Neuroscience Institute
Applicant Name:	[illegible]
Mailing Address of Owner/Applicant (If Different)	[illegible] Portland, ME 04104

PORTLAND PERMIT # 2,694 TOWN COPY

Date Permit Issued 1/5/88 $55 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. #

Owner/Applicant Statement

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

Signature of Owner/Applicant [signature] Date 12.16.87

Caution: Inspection Required

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

Local Plumbing Inspector Signature — Date Approved AUG 9 1988

PERMIT INFORMATION

This Application is for
1. ☑ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

JAN 6 - 1988

Type Of Structure To Be Served:
1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☑ OTHER - SPECIFY: Doctors

Plumbing To Be Installed By:
1. ☐ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE #

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	1	Hosebibb / Sillcock		Bathtub (and Shower)
		1	Floor Drain	1	Shower (Separate)
			Urinal	10	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	4	Wash Basin
			Indirect Waste	4	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet	1	Laundry Tub
	Hook-Ups (Subtotal)		Other:______	2	Water Heater
$	Hook-Up Fee		Fixtures (Subtotal) Column 2	23	Fixtures (Subtotal) Column 1
				2	Fixtures (Subtotal) Column 2
				25	Total Fixtures
				$ 55.	Fixture Fee
				$.	Hook-Up Fee
				$ 55.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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

TOWN COPY

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Dr. William Leschey
Applicant

February 27, 1987
Date

186 Park Ave. 772-0740
Mailing Address

930 Congress Street
Address of Proposed Site

medical office & parking
Proposed Use of Site

Site Identifier(s) from Assessors Maps

4,531 sq ft. 4,531 sq ft.
Acreage of Site / Ground Floor Coverage

Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes (✓) No
Board of Appeals Action Required: ( ) Yes (✓) No
Planning Board Action Required: ( ) Yes (✓) No

Proposed Number of Floors 2 levels
Total Floor Area

Other Comments:

Date Dept. Review Due:

BUILDING DEPARTMENT SITE PLAN REVIEW
(Does not include review of construction plans)

☐ Use does NOT comply with Zoning Ordinance
☐ Requires Board of Appeals Action
☐ Requires Planning Board/City Council Action

Explanation

☑ Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

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

REASONS:

OK. N. J. Turner - Dec 9, 1987
SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Dr. William Leschey
Applicant

February 27, 1987
Date

186 Park Ave. 772-0740
Mailing Address

930 Congress Street
Address of Proposed Site

medical office & parking
Proposed Use of Site

4,531 sq/ft. 4,531 sq ft.
Acreage of Site / Ground Floor Coverage

Site Identifier(s) from Assessors Maps

Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes ( ) No

Board of Appeals Action Required: ( ) Yes ( ) No

Planning Board Action Required: ( ) Yes (✓) No

Proposed Number of Floors 2 levels

Total Floor Area

Other Comments:

Date Dept. Review Due:

FIRE DEPARTMENT REVIEW

3-5-87
(Date Received)

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMESE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER	
APPROVED									
APPROVED CONDITIONALLY									CONDITIONS SPECIFIED BELOW
DISAPPROVED									REASONS SPECIFIED BELOW

REASONS:

(Attach Separate Sheet if Necessary)

John R. Doblowski
SIGNATURE OF REVIEWING STAFF/DATE

FIRE DEPARTMENT COPY

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Dr. William Leschey — Applicant
February 27, 1987 — Date
186 Park Ave. 772-0748 — Mailing Address
930 Congress Street — Address of Proposed Site
medical office & parking — Proposed Use of Site
Site Identifier(s) from Assessors Maps
4,531 sq ft. 4,531 sq ft. — Acreage of Site / Ground Floor Coverage
Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes ( ) No
Board of Appeals Action Required: ( ) Yes ( ) No
Planning Board Action Required: ( ) Yes ( ) No
Proposed Number of Floors 2 levels
Total Floor Area

Other Comments:

Date Dept. Review Due:

PLANNING DEPARTMENT REVIEW

(Date Received)

☐ Major Development — Requires Planning Board Approval: Review Initiated

☑ Minor Development — Staff Review Below

1. Type requirements for Building P.B. Requirements.

	LOADING AREA	PARKING	CIRCULATION PATTERN	ACCESS	PEDESTRIAN WALKWAYS	SCREENING	LANDSCAPING	SPACE & BULK OF STRUCTURES	LIGHTING	CONFLICT WITH CITY PROJECTS	FINANCIAL CAPACITY	CHANGE IN SITE PLAN	
APPROVED													
APPROVED CONDITIONALLY													CONDITIONS SPECIFIED BELOW
DISAPPROVED													REASONS SPECIFIED BELOW

REASONS:

(Attach Separate Sheet if Necessary)

B. Gay
M. O'Meara
IT called

Maureen O'Meara 11/12/87
SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT COPY

(A5)

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Dr. William Leschey
Applicant

February 27, 1987
Date

186 Park Ave. 772-0740
Mailing Address

930 Congress Street
Address of Proposed Site

medical office & parking
Proposed Use of Site

4,531 sq/ft. 4,531 sq ft.
Acreage of Site / Ground Floor Coverage

Site Identifier(s) from Assessors Maps

Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes (✓) No

Board of Appeals Action Required: ( ) Yes (✓) No

Planning Board Action Required: ( ) Yes (✓) No

Proposed Number of Floors 2 levels

Total Floor Area

Other Comments: Inspection Fee: $282.30 pd 10/30/87

Date Dept. Review Due:

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received)

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED	✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓				—	
APPROVED CONDITIONALLY												✓	✓	✓		CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: 1) Curb and sidewalk construction shall be done in accordance with City standards and specifications.
2) Sewer connection shall be made as directed by Sewer Division personnel.

(Attach Separate Sheet if Necessary)

Robert J Ray 10/27/87
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAINE
Department of Parks and Public Works

SUBDIVISION / SITE DEVELOPMENT

COST BREAKDOWN OF IMPROVEMENTS TO BE COVERED BY PERFORMANCE GUARANTEE

DATE October 19, 1987

Name of Project Neuroscience Institute
Address / Location Congress & Gilman Streets
Developer Dr. William Leschey, Jr.
Form of Performance Guarantee Letter of Credit
Type of Development- ___ Subdivision XX Site Plan (~~Maxor~~ / Minor)

ITEM	QUANTITY	UNIT COST	SUBTOTAL	COMPLETED
1. STREET/SIDEWALK:				
~~Road~~ Parking Lot Paving	338 SY	$12.00	$4,056	
Granite Curbing	76 LF	25.00	1,900	
Sidewalks	1460 SF	3.00	4,380	
Esplanades	(none)			
Monuments	(none)			
Street Lighting	(none)			
Other				
2. SANITARY SEWER:				
Manholes	(none)			
Piping	40' LF	$10.00	$ 400	
Connections	1 ea	100.00	100	
Other				
3. STORM DRAINAGE				
Manholes	(none)			
Catch Basins	1 ea	$1,200	$1,200	
Piping	70 LF	10.00	700	
Detention Basin	(none)			
Other				
4. SITE LIGHTING (on building)	7 ea	$150.00	$1,050	
5. EROSION CONTROL	(none)			
6. RECREATION AND OPEN SPACE AMENITIES	(none)			
7. LANDSCAPING (Attach breakdown of plant materials, quantities, and unit costs)	See list below		~~$2000~~ $1820.00	
8. MISCELLANEOUS	(none)			

TOTAL AMOUNT OF PERFORMANCE GUARANTEE ~~$15,786.00~~ $16,606.00
X 1.7 % = INSPECTION FEE ~~$268.26~~ $282.30

Approved 10/27/87
Approved 10/27/87
Rev. 9/15/87

Landscaping: 405

Lindens	4	@	~~$200~~	=	~~$800~~ 1,620.
White Pine	3	@	$150	=	450
Arborvitae	6	@	$ 75	=	450
Junipers	6	@	$ 50	=	300

Correct O.K. w/you? ✓
-Bob

GREGORY K. JOHNSON
ARCHITECT
519 CONGRESS STREET
PORTLAND, MAINE 04101

LEDGEWOOD, INC.
P.O. Box 8107
PORTLAND, MAINE 04104

(207) 775-0741

LETTER OF TRANSMITTAL

DATE 10/30/87 JOB NO.

ATTENTION Building Permit

RE: Neuroscience Institute

TO City of Portland
Congress Street
Portland, Me

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☑ ~~Prints~~ ☐ Plans ☐ Samples ☑ ~~Specifications~~
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
2	9/24/87	55	Neuroscience Institute plans
1	9/24/87	-	" specs

THESE ARE TRANSMITTED as checked below:

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

REMARKS _____

COPY TO _____

SIGNED: Dave Lessel / Bill Bridges

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

Applicant: Ledgewood, Inc. Date: Dec 9 1987

Address: 930 Congress St.

Assessors No.:

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - B-2 Business

Interior or corner lot - Corner

Use - Construct Professional Office Bldg.

Sewage Disposal - City

Rear Yards - }
Side Yards - } O.K. 100% coverage
Front Yards - }
Projections - }

Height - 4 story 2 Parking levels & 2 office

Lot Area - 4620 ft

Building Area - 4620 sq ft.

Area per Family - NA

Width of Lot - 70'

Lot Frontage - 70'

Off-street Parking - O.K.

Loading Bays - NA

Site Plan -

Shoreland Zoning -

Flood Plains -

excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

4. All stairwells shall have a minimum of 2 hour fire resistance rating.

5. If afforded the necessary license to enter the adjoining lot, building or structure, the person causing the demolition or excavation to be made shall at all times and at his own expense preserve and protect it from damage or injury.

6. When any building or part thereof whis is located within 10 feet of the street lot lines is to be erected or raised to exceed 40 feet in height, a sidewalk sled shall be erected and maintained for the full length of the building on all street fronts for the entire time that work is performed on the exterior of the building.

7. A mixed use occupancy shall be separated both horizontally and vertically, by fire separation wall and floor/ceiling assemblies having a fire resistance of 2 hours.

8. Required ventilation for garage area is to be 1.5 cfm per square foot.

9. A seperate permit will be required for all floor plans, this permit is for open floor area in office space.

10. Fire alarm system also requires a seperate permit and approval from the fire department.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: Joseph E. Gray, Jr., Director of Planning and Urban Development
Robert J. Roy, Planning Engineer
Maureen O'Meara, Planner
Lt. James Collins, Fire Prevention Bureau

CITY OF PORTLAND, MAINE
389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 775-545[illegible]

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

December 9, 1987

Ledgewood Inc.
P.O. Box 8107
Portland, ME 04104

RE: 930 Congress Street, Portland.

Dear Sir:

Your application to construct an office building has been reviewed and a permit is herewith issued subject to the following requirements:

Site Plan Requirements:

Public Works:

1. Curb and sidewalk construction shall be done in accordance with city standards and specifications.

2. Sewer connection shall be made as directed by sewer division personnel. Mr. Robert J. Roy, 10/27/87.

Planning:

Approved, Ms. Maureen O'Meara, 11/12/87.

Building Inspections:

Approved, Mr. W. J. Turner, 12/9/87.

Fire Department:

Approved, FF John R. Dobkowski, 03/05/87.

Building and Fire Code Requirements:

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection.

2. All concrete shall be protected from freezing.

3. Section 25-137 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to

HYDROSTATIC TEST — ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ P.S.I. FOR _____ HOURS

LEAKAGE TEST
TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS
ALLOWABLE LEAKAGE _____ GALS. _____ HOURS

HYDRANTS
NUMBER INSTALLED | TYPE AND MAKE
ALL OPERATE SATISFACTORILY — YES ☐ NO ☐

CONROL VALVES
WATER CONTROL VALVES LEFT WIDE OPEN — YES ☐ NO ☐
IF NO, STATE REASON

REMARKS
DATE LEFT IN SERVICE

PARTS A & B SIGNATURES
NAME OF SPRINKLER CONTRACTOR | FOR PROPERTY OWNER (SIGNED) TITLE
FOR SPRINKLER CONTRACTOR (SIGNED) | DATE

PART "C" — SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (FILL OUT SEPARATE PART "C" FOR EACH RISER)

LOCATION — SERVES BLDGS.

TESTS REQUIRED
~~1~~ HYDROSTATIC TEST OF ALL PIPING
2 PNEUMATIC TEST OF ALL DRY PIPING
3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT

SPRINKLERS OR SPRAY NOZZLES

MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING
RASCO	Pendent	½	60	165
"	Upright	½	5	165

PIPE AND FITTINGS
MATERIAL AND KIND CONFORMS TO _____ STANDARD
IF NONE, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE TYPE	ALARM DEVICE MAKE	ALARM DEVICE MODEL	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE MIN.	MAXIMUM TIME TO OPERATE THROUGH TEST PIPE SEC.
4" Alarm	RASCO	E		

DRY PIPE VALVES

MAKE	MODEL	SER. NO.	OPERATING TEST RESULTS: TIME TO TRIP THROUGH TEST PIPE — WITHOUT Q. O. D. MIN.	WITHOUT Q. O. D. SEC.	WITH Q. O. D. MIN.	WITH Q. O. D. SEC.	WATER PRESS. P.S.I.	AIR PRESS. P.S.I.	TRIP POINT AIR PRESS. P.S.I.	TIME WATER REACHED TEST OUTLET MIN.	TIME WATER REACHED TEST OUTLET SEC.	ALARM OPERATED PROPERLY YES	ALARM OPERATED PROPERLY NO

IF NO, EXPLAIN

DELUGE & PREACTION VALVES
OPERATION — PNEUMATIC ☐ ELECTRIC ☐ HYDRAULIC ☐
PIPING SUPERVISED — YES ☐ NO ☐ DETECTING MEDIA SUPERVISED — YES ☐ NO ☐
DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS — YES ☐ NO ☐
IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING — YES ☐ NO ☐
IF NO, EXPLAIN

MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM YES	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM NO	DOES EACH CIRCUIT OPERATE VALVE RELEASE YES	DOES EACH CIRCUIT OPERATE VALVE RELEASE NO	MAXIMUM TIME TO OPERATE RELEASE MIN.	MAXIMUM TIME TO OPERATE RELEASE SEC.

TESTS
ALL PIPING HYDROSTATICALLY TESTED AT 200 PSI FOR 2 HOURS
DRY PIPING PNEUMATICALLY TESTED — YES ☐ NO ☐
EQUIPMENT OPERATE PROPERLY — YES ☐ NO ☐
IF NO, STATE REASON
DRAIN TEST: READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE: STATIC PRESSURE _____ PSI RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE: _____ PSI

BLANK TESTING GASKETS

NUMBER USED	LOCATIONS	NUMBER REMOVED

REMARKS
DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN.

PART "C" SIGNATURES
NAME OF SPRINKLER CONTRACTOR: Sprinkler Systems Inc. | FOR PROPERTY OWNER (SIGNED): Thurl C. Allen | TITLE: Job Super
FOR SPRINKLER CONTRACTOR (SIGNED)

CONTRACTOR'S MATERIAL & TEST CERTIFICATE
SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS

PART "A" GENERAL

PROCEDURE

UPON COMPLETION OF WORK, INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.

A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER AND CONTRACTOR. IT IS UNDERSTOOD THE OWNER'S REPRESENTATIVE'S SIGNATURE IN NO WAY PREJUDICES ANY CLAIM AGAINST CONTRACTOR FOR FAULTY MATERIAL, POOR WORKMANSHIP OR FAILURE TO COMPLY WITH INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.

PROPERTY NAME: Neuroscience Institute — DATE: 6/20/66

PROPERTY ADDRESS: 930 Congress

PLANS	ACCEPTED BY INSPECTION AUTHORITY (S) NAMES		
	ADDRESS		
	INSTALLATION CONFORMS TO ACCEPTED PLANS	YES ☐	NO ☐
	EQUIPMENT USED IS APPROVED	YES ☐	NO ☐
	IF NO, STATE DEVIATIONS		
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS NEW EQUIPMENT	YES ☐	NO ☐
	IF NO, EXPLAIN		
	HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT	YES ☐	NO ☐
	IF NO, EXPLAIN		
TEST DESCRIPTION	FLUSHING: Flow the required rate until mains are clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 750 GPM for 6-inch pipe and smaller, 1000 GPM for 8-inch, 1500 GPM for 10-inch, 2000 GPM for 12-inch. Where supply cannot produce stipulated flow rate, obtain maximum available by using properly sized discharge devices.		
	HYDROSTATIC: Hydrostatic test should be made at not less than 200 PSI for two hours or 50 PSI above static pressure in excess of 150 PSI. Differential dry-pipe valve clappers should be left open during test to prevent damage. All above ground piping leakage should be stopped.		
	LEAKAGE: New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory amounts of leakage usually result from twisted, pinched or cut gaskets. However, some leakage might result from small amounts of grit or small imperfections. The amount of leakage at the joints should not exceed 2 quarts per hour per 100 joints irrespectively of pipe diameter. The leakage should be distributed over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead-substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage or more than a "slight drip" or "weeping" should be repaired. Leakage should not exceed 1 oz. (liquid measure) per hour per inch of pipe diameter per joint. The leakage should be distributed over all joints. If such leakage occurs almost entirely at a few joints the installation should be considered unsatisfactory and necessary repairs made.		
	PNEUMATIC: Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/2 PSI in 24 hours. Test pressure tanks at normal water level and air pressure, and measure air pressure drop which should not exceed 1 1/2 PSI in 24 hours.		

PART "B" — UNDERGROUND PIPING

LOCATION	FEEDS BLDGS.		
UNDERGROUND PIPES AND JOINTS	PIPE TYPE AND CLASS / TYPE JOINT		
	CONFORMS TO _____ STANDARD	YES ☐	NO ☐
	IF NO, EXPLAIN		
	JOINTS NEEDING ANCHORAGE-CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH _____ STANDARD	YES ☐	NO ☐
	IF NO, EXPLAIN		
TESTS REQUIRED	FLUSHING -:- HYDROSTATIC -:- LEAKAGE		
FLUSHING TESTS	NEW UNDERGROUND PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)	YES ☐	
	HOW WAS FLUSHING FLOW OBTAINED		
	PUBLIC WATER ☐ — TANK OR RESERVOIR ☐ — FIRE PUMP ☐		
	THROUGH WHAT TYPE OPENING		
	HYD. BUTT. ☐ — OPEN PIPE ☐		
	LEAD-INS FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY)	YES ☐	
	HOW WAS FLUSHING FLOW OBTAINED		
	PUBLIC WATER ☐ — TANK OR RESERVOIR ☐ — FIRE PUMP ☐		
	THROUGH WHAT TYPE OPENING		
	Y CONN. TO FLANGE & SPIGOT ☐ — OPEN PIPE ☐		

Simplex

Simplex Time Recorder Co.
Gardner, Massachusetts 01441 U.S.A.

TEST ACKNOWLEDGEMENT FIRE ALARM INSPECTION AND TESTING REPORT

0020183

PERIPHERAL FUNCTION TEST

DEVICE TYPE	DEVICE LOCATION	ALARM	TROUBLE	NOTE NO.	ANNUN. ZONE	ALARM ZONE	DEVICE TYPE	DEVICE LOCATION	ALARM	TROUBLE	NOTE NO.	ANNUN. ZONE	ALARM ZONE
PSD	1ST FLR	X			2	2							
PSD	3rd FLR	X			4	4							
PS	1ST FLR	X			2	2							
PS	3rd FLR	X			4	4							
PS	3rd FLR	X			4	4							
A/V		X											
A/V		X											
A/V		X											
A/V		X											
A/V		X											

PSD = Photoelectric Smk Det
ISD = Ionization Smk Det
PDD = Photo. Duct Smk Det
IDD = Ion. Duct Smk Det
DHS = Door Hldr & Smk Det
SSD = Sgl Station Smk Det
PS = Manual Pull Station
CPS = Coded Pull Station
RR = Rate of Rise Ht Det
HT = Fixed Temp Heat Det
MD = Mercoid Heat Det
B = Bell Only
H = Horn Only
C = Chime Only
S = Splr Only
A/V = Audio Visual
V = Visual Only
TS = Tamper Switch
WF = Water Flow Sw
DH = Door Holder
FP = Fire Phone
RJ = Phone Jack

NOTATIONS

FAILURES AND RECOMMENDATIONS ENCOUNTERED DURING TEST

1. PRELIM CONNECTIONS AND TEST OK
2. ELEC TO CALL WHEN READY FOR FINAL

M-552-1FV 9-87

CUSTOMER COPY

Simplex

Simplex Time Recorder Co.
Gardner, Massachusetts 01441 U.S.A.

TEST ACKNOWLEDGEMENT 0020183
FIRE ALARM INSPECTION AND TESTING REPORT

NAME: MEDICAL OFFICE BLDG	START DATE: 6/14/88	S.A. NO.	NOTE NO.	INSP MONTH	
ADDRESS: Congress St.	DATE	S.A. NO.	NOTE NO.	TR YEAR: 001	
ADDRESS: NEUROSCIENCE INST.	DATE	S.A. NO.	NOTE NO.	☐ MTHLY ☐ SEMI-AN ☐ QRTLY ☐ ANNUAL	FINAL
CITY: Portland Me	CUSTOMER CONTACT		LOCATION (PHONE)		

CONTROL PANEL

MANUFACTURER: SIMPLEX	MODEL NO.: 4001-9403	SERIAL NO.: 680456	WIRING DIAG. NO.	LOCATION: BASEMENT
TYPE OF SIGNALING: ☒ GENERAL ALARM ☐ SELECTIVE SIGNALS ☐ CODE ☐ PRE-SIGNAL		POWER SOURCE: HOUSE	CIR. BRKR. LOCATION: 6	LOCKED CIR. BRKR: ☐ Y ☒ N
BATTERIES: VOLTAGE WITH CHARGER ☐ VOLT WITHOUT CHARGER ☐ ☐ NORM ☐ N/A ☐ NOTE #		TROUBLE CONDITIONS: RESPONSE TO ZONE TROUBLE ☒ NORM ☐ NOTE #	SIGNAL TROUBLE ☐ NORM ☐ NOTE #	AC OR POWER LOSS ☐ NORM ☐ NOTE #

DEDICATED CIR. ☒ Y ☐ N

EARTH GROUND ☐ NORM ☐ NOTE #

CUSTOMER SIGNATURE: [signature]

STA TR 1 SIGNATURE: John Rondeau — MAN NO: 7565

STA TR 2 — MAN NO

FIRE ALARM LICENSE NO / STATE CERTIFICATION NO

SEE NOTATION NO. | THE SIMPLEX-SUPPLIED EQUIPMENT FOR THIS SYSTEM WAS TESTED AND FOUND OPERATIONAL. THE WARRANTY BEGINS ON: MONTH 6 DAY 14 YR 88

SIGNALS NOT SOUNDED BY CUSTOMER REQUEST Y (N)

AUXILIARY FUNCTIONS

ANNUNCIATOR MFGR: SIMPLEX	SERIAL			
MODEL	WIRING DIAGRAM			
TYPE ☐ INCAND ☐ LED ☐ GRAPHIC ☐ DROP ☐ CRT	VOLTAGE: 24	NO OF ZONES: 4	UNUSED PTS.: —	
AUX FUNCTIONS ☐ LAMP TEST ☐ DRILL SW ☐ REMOTE RESET ☐ REMOTE ACK	ADDITIONAL NOTES:			
CITY CONNECTION OR: CITY RESPONSE TO ALARM ☐ NORM ☐ NOTE #		☒ N/A		
CENTRAL MONITORING STATION: CITY RESPONSE TO TROUB ☐ NORM ☐ NOTE #		☒ N/A		
LOCAL FIRE DEPT/CENTRAL STATION	FD. BUS. PHONE NO./CENTRAL STATION			

DOOR HOLDERS — DOOR RELEASE DEVICES, INCLUDING CLOSERS AND LATCHES: ☐ NORM ☐ NOTE # ☒ N/A

ELEVATOR FIRE RECALL — RECALL TO PRIMARY FLOOR: ☐ NORM ☒ NOTE # ☐ N/A

RECALL TO ALTERNATE FLOOR: ☐ NORM ☐ NOTE # ☐ N/A

ELEVATORS RESTART FROM FIRE SVC AUTOMATICALLY ☐ Y ☐ N

HVAC SHUTDOWN — AIR HANDLER SHUTDOWN: ☐ NORM ☐ NOTE # ☒ N/A

AIR HANDLER(S) RESTART FROM SHUTDOWN AUTOMATICALLY ☐ Y ☐ N

ADDITIONAL FUNCTIONS

OFFICIAL CONTACTED	TIME OF DAY: OUT OF SERVICE	BACK IN SERVICE

TRANSPONDER CHECK LIST

MODEL NO.	THE FOLLOWING TRANSPONDERS FAILED THE TEST	
NO OF XPNDRS TESTED	LOCATION NOTE #	
POWER SUPPLY VOLTAGE NOTE # ☐ NORM	LOCATION NOTE #	
CHARGER VOLTAGE NOTE # ☐ NORM	LOCATION NOTE #	
GROUND FAULT NOTE # ☐ Y ☐ N	LOCATION NOTE #	
BATTERIES VOLTAGE NOTE # ☐ NORM	LOCATION NOTE #	
POINTS TESTED NOTE # ☐ NORM	LOCATION NOTE #	
OTHER NOTE #	LOCATION NOTE #	

PROGRAMMING

CBE ☐ NOTE #	SMPL ☐ NOTE #		
ESP ☐ NOTE #	REV NO		
DIODE MAT ☐ NOTE #	OTHER ☐ NOTE #		

VOICE MESSAGE

DIGITAL ☐ NOTE #	TAPE ☐ NOTE #		
SPECIAL ☐ NOTE #	OTHER ☐ NOTE #		

MULTIPLEX

PRINTERS NOTE # ☐ Y ☐ N	CRT'S NOTE # ☐ Y ☐ N	OTHER NOTE #

SMOKE DETECTORS

MODEL NO: 2098-9434 — IONIZATION / PHOTOELECTRIC: ☐ / ☒

TWO WIRE ☒ NOTE # — FOUR WIRE ☒ NOTE #

SPECIAL CONSIDERATIONS

LIST ANY UNIQUE FUNCTIONS TO BE AWARE OF BEFORE TESTING

1. EOL RELAYS 4WIRE
2. SMOKE DET EACH
3. FLOOR
4.

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 930 Congress Street

Issued to Dr. William Leachey Date of Issue June 16, 1988

This is to certify that the building, premises, or part thereof, at the above location, built—altered —changed as to use under Building Permit No. 88/1594, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES	APPROVED OCCUPANCY
Third Floor Only	professional office

Limiting Conditions:

Sprinkler system to be tested and the telephone to be installed in the elevator.

This certificate supersedes certificate issued

Approved: 6/17/88 Marie Leary
(Date) *Inspector*

Inspector of Buildings

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

Dave Leach Foreman of job

12-22-87 Found the foundation had been poured. I spoke with the foreman about this and told him he need a barricade on the job.

2-17-88 2 walls have been framed & work was put on. starting to put [illegible] on walls

3-11-88 Wall collapsed on the side next to the existing buildings. Nothing has been determined yet as to cause pending an investigation. This investigation was done by Hugh Devoy. Pictures were taken

3-15-88 Met with Dave Leach on the job. All damage has been repaired when wall collapsed except on portion of the roof near Congress St. The engineers are going to assess this to see if anything more need corrected.

3-25-88 New wall next to the parking lot has been put up. Working mainly on the inside. Brick work

4-21- Brick facing is being put up. Most windows have been installed

6-7- Interior stairways have been put in and the third floor office is nearly completed. There will be united out front.

6-15- Third floor is OK for Certificate of Occupancy

7-22- OK for C of O entire bldg

X X

February 27, 1987

PERMIT # ..... **BUILDING PERMIT APPLICATION** **Portland** Previous permit # .....

APPLICANT FILL OUT I - XVIII AND DETAILS OF WORK ON REVERSE

Please insert N/A (not applicable) for any item not pertaining to your request

I. GENERAL INFORMATION

Location/address of construction 930 Congress Street

Owner or lessee's name Dr. William Leschey Tel 772-0740

Address 186 Park Ave.

Contractor's name xxxxxxxxxx Ledgewood Inc. Tel 775-0741

Address P. C. BOx 8107 04104

Subcontractors:

PERMIT ISSUED

DEC 10 1987

City of Portland

II. NEW SUBDIVISION OR EXISTING LOT REFERENCE

Name

Lot

Block

Bk. & pg. Reg. Deeds

Date recorded

CODE If other, explain Seasonal Condominium Apartment

III. PROPOSED USE: professional offices

IV. PAST USE:

V. OWNERSHIP: PUBLIC (Federal/ State/ local government) PRIVATE (individual/corp/nonprofit)

VI. DESCRIPTION OF WORK:

to construct office building Dave Leach

major site plan reveiw

2 30 units

VII. BUILDING DIMENSIONS: length width square footage height #stories

VIII. EST. CONSTRUCTION COST: 200,000 **IX. GR. SQ. FT. OF LAND: BUILDING**

X. RESIDENTIAL BUILDINGS ONLY:

	BEDROOMS		
	1 BDRM	2 BDRMS	3 BDRMS
# NEW DWELLING UNITS WITH:			
# EXISTING DWELLING UNITS WITH:			

XI. # RESIDENTIAL UNITS:

NEW DWELLINGS

EXISTING DWELLINGS

NET RESIDENTIAL UNITS

XII. SIGNATURE OF APPLICANT DATE 2-27-87

DO NOT WRITE BELOW THIS LINE

XIII. ZONING:

DISTRICT B-2 STREET FRONTAGE 75'

SETBACKS: front back side side

ZONING BOARD APPROVAL: no ☐ yes ☐ (date)

PLANNING BOARD APPROVAL: no ☐ yes ☐ (date)

XIV. OFFICE USE:

TAX MAP #

LOT #

VALUE/STRUCTURE

PERMIT EXPIRATION

XV. CONDITIONAL USE: variance ____ site plan ____ subdivision ____ shore and floodplain mgmt ____

special exception ____ other ____ (explain) .....

XVI. SIGNATURE OF FIELD INSPECTOR (CEO) ..... DATE .....

XVII. FEES:

base fee 1,020.00

subdivision fee .....

site plan review fee 350.00

other fees .....

late fee .....

TOTAL .....

XVIII. SPACE FOR FIGURING / ADDITIONAL COMMENTS:

O.K. B-2 Zone W/ turner Dec 8, 1987

PERMIT ISSUED WITH LETTER

1. WATER SUPPLY ☐ public ☐ private
2. SEWER ☐ public ☐ private, type
3. HEAT type fuel
4. FOUNDATION type
   thickness footing
   ROOF type pitch
   covering load
   PLUMBING # tubs # showers
   # lavatories # laundry tubs
   # flushes # other
   ELECTRICAL service entrance size
   # smoke detectors

OFF-STREET PARKING SPACES:
outdoors

8. CHIMNEY # flues # fireplaces
   material
9. FRAMING: floor joists
   size max. on centers
   ceiling joists
   rafters
   studs
   wall studs
10. If 1-story building w/ masonry walls:
    wall thickness height
11. BEDROOM WINDOWS
    height width sill height
    egress window? ☐ yes ☐ no

PLOT PLAN/DETAILS OF WORK ON REVERSE

White - Municipal Office
Green - Applicant
Yellow - CEO
Pink - Tax Assessor
Gold - GPCOG

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 930 COngress Street

Issued to Dr. William Leachey Date of Issue July 25,1988

This is to certify that the building, premises, or part thereof, at the above location, built—altered —changed as to use under Building Permit No. 88/1594 , has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES	APPROVED OCCUPANCY
Entire	Professional Offices

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

(Date) *Inspector*

Inspector of Buildings

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

CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 930 Congress Street

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PORTION OF BUILDING OR PREMISES	APPROVED OCCUPANCY
Entire	Professional Offices

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

(Date) *Inspector*

James P. Cohen Limit

Inspector of Buildings

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

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date August 2, 19 93

Receipt and Permit number 3374

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: 930 Congress St.

OWNER'S NAME: Maine Medical Center ADDRESS: 22 Bramhall St.

	FEES
OUTLETS: Receptacles ____ Switches ____ Plugmold ____ ft. TOTAL ____	
FIXTURES: (number of) Incandescent ____ Flourescent ____ (not strip) TOTAL ____	
Strip Flourescent ____ ft.	
SERVICES: Overhead ____ Underground ____ Temporary ____ TOTAL amperes 400	15.00
METERS: (number of) 2	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 ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS. (number of)	
Branch Panels ____	
Transformers ____	
Air Conditioners Central Unit ____	
Separate Units (windows) ____	
Signs 20 sq. ft. and under ____	
Over 20 sq. ft. ____	
Swimming Pools Above Ground ____	
In Ground ____	
Fire/Burglar Alarms Residential ____	
Commercial ____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____	
over 30 amps ____	
Circus, Fairs, etc. ____	
Alterations to wires ____	
Repairs after fire ____	
Emergency Lights, battery ____	
Emergency Generators ____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	17.00

INSPECTION:

Will be ready on ____, 19__; or Will Call X

CONTRACTOR'S NAME: William Swanton, Jr. E. S. Boulos, Co.

ADDRESS: 28 Foden Rd. So. Portland, 04106

TEL.: 772-3706

MASTER LICENSE NO.: 03374

LIMITED LICENSE NO.: ____

SIGNATURE OF CONTRACTOR: William Swanton

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 3374

Location 930 Congress

Owner MMC

Date of Permit 8-2-93

Final Inspection ~~Void~~ 9-9-99

By Inspector Sue Bunger

Permit Application Register Page No. Computer

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: ____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

DATE:	REMARKS:
	A/A

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

Location of Construction:	Owner:	Phone:	Permit No:
930 Congress St 3rd fl	MMC Realty Corp		960059
Owner Address:	**Lessee/Buyer's Name:** MMC	**Phone:**	**BusinessName:**
Contractor Name: Edward Hebert & Sons	**Address:** 9 Gould Rd Lewiston, ME 04240	**Phone:** 783-2091	
Past Use: Offices/Lab	**Proposed Use:** Same w/int reno	**COST OF WORK:** $ 50,000.00	**PERMIT FEE:** $ 270.00
		FIRE DEPT. ☑ Approved ☐ Denied Signature:	**INSPECTION:** Use Group: Type: Signature:
Proposed Project Description: Make Interior Renovations (3rd fl)		**PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)** Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	
Permit Taken By: Mary Gresik	**Date Applied For:** 30 January 1996		

PERMIT ISSUED
Permit Issued:
FEB – 2 1996
CITY OF PORTLAND

Zone: B-2 | CBL: 065-H-002

Zoning Approval: 1/31/96

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐ minor ☐ mm ☐

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: 1/31/96

CEO DISTRICT 3
A. Simpson

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

PERMIT ISSUED WITH LETTER

CERTIFICATION

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

Daniel R Hebert — 30 January 1996
SIGNATURE OF APPLICANT Dan Hebert — ADDRESS: — DATE: — PHONE:

Edward Hebert & Sons
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE — PHONE:

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

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 29 February 1996
Permit # 5600

LOCATION: 930 Congress St (3rd fl)

OWNER MMC/Sleep Lab ADDRESS

							TOTAL	EACH	FEE
OUTLETS									
	Receptacles		Switches				18	.20	3.60
FIXTURES	(number of)								
	incandescent		fluorescent				4	.20	.80
	fluorescent strip							.20	
SERVICES									
	Overhead				TTL AMPS TO	800		15.00	
	Underground					800		15.00	
TEMPORARY SERV.									
	Overhead				AMPS OVER	800		25.00	
	Underground					800		25.00	
METERS	(number of)							1.00	
MOTORS	(number of)						1	2.00	2.00
RESID/COM	Electric units							1.00	
HEATING	oil/gas units							5.00	
APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00	
	Water heaters	1	Fans		Dryers			2.00	2.00
Disposals	Dishwasher		Compactors		Others (denote)			2.00	
MISC. (number of)	Air Cond/win							3.00	
	Air Cond/cent							10.00	
	Signs							5.00	
	Pools							10.00	
	Alarms/res							5.00	
	Alarms/com							15.00	
	Heavy Duty							2.00	
	Outlets								
	Circus/Carnv							25.00	
	Alterations							5.00	
	Fire Repairs							15.00	
	E Lights							1.00	
	E Generators							20.00	
	Panels							4.00	
TRANSFER	0-25 Kva							5.00	
	25-200 Kva							8.00	
	Over 200 Kva							10.00	
					TOTAL AMOUNT DUE				
					MINIMUM FEE		25.00		25.00

INSPECTION: Will be ready XXX 3/1 AM or will call

CONTRACTOR NAME Moreau Electric John Tew
ADDRESS 711 Lisbon St Lewiston, ME
TELEPHONE 782-4800
MASTER LICENSE No. 5600 SIGNATURE OF CONTRACTOR John R Tew
LIMITED LICENSE No.

ELECTRICAL INSTALLATIONS

Permit Number 5600

Location 930 Cong 2558

Owner MMC

Date of Permit 2-29-96

Final Inspection 3-1-96

By Inspector Sia Bng J O

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 3-1-96 by 813

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:	REMARKS:

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	930 CONGRESS STREET

PROPERTY OWNERS NAME

MAINE MEDICAL CENTER
Last: First:

Applicant Name:	JAMES J KELLEY ASSOC., INC.
Mailing Address of Owner/Applicant (If Different)	P.O. BOX 1310 854-1169 WESTBROOK, ME 04098-1310

PORTLAND 5668 TOWN COPY

Date Permit Issued: 2/8/96 $ 12 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 0124

Owner/Applicant Statement

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

David M. Blackley 02-07-96
Signature of Owner/Applicant Date

Caution: Inspection Required

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

Larry Simpson 9-3-96
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☒ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER — SPECIFY MEDICAL FACILITY

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER / MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # CQ9Q009024

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
1	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Silicock		Bathtub (and Shower)
	OR		Floor Drain		Shower (Separate)
3	HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
			Drinking Fountain		Wash Basin
1	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
4	Number of Hook-Ups & Relocations		Grease / Oil Separator		Dish Washer
$ 16	Hook-Up & Relocation Fee		Dental Cuspidor		Garbage Disposal
	OR		Bidet		Laundry Tub
	TRANSFER FEE [$6.00]		Other:		Water Heater
			Fixtures (Subtotal) Column 2	0	Fixtures (Subtotal) Column 1
				0	Fixtures (Subtotal) Column 2
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			0	Total Fixtures
				$ 0	Fixture Fee
				$ 0	Transfer Fee
				$ 16	Hook-Up & Relocation Fee
				$ 16.	Permit Fee (Total)

TOWN COPY

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

Permit No: 960059

Location of Construction: 930 Congress St 3rd fl	Owner: MMC Realty Corp	Phone:	
Owner Address:	Lessee/Buyer's Name: MMC	Phone:	BusinessName:
Contractor Name: Edward Hebert & Sons	Address: 9 Gould Rd Lewiston, ME 04240	Phone: 783-2091	
Past Use: Offices/Lab	Proposed Use: Same w/int reno	COST OF WORK: $ 50,000.00	PERMIT FEE: $ 270.00
		FIRE DEPT. ☑ Approved ☐ Denied Signature:	INSPECTION: Use Group: Type: Signature:
Proposed Project Description: Make Interior Renovations (3rd fl)		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	
Permit Taken By: Mary Gresik	Date Applied For: 30 January 1996		

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

PERMIT ISSUED WITH LETTER

PERMIT ISSUED
Permit Issued: FEB – 2 1996
CITY OF PORTLAND

Zone: B-2 CBL: 065-K-002

Zoning Approval: 1/31/96

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐ minor ☐ mm ☐

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

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

Action:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 1/31/96

CEO DISTRICT 3

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 — 30 January 1996

SIGNATURE OF APPLICANT Dan Hebert ADDRESS: DATE: PHONE:

Edward Hebert & Sons

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

COMMENTS

2.26.96 Keith (Proj Supt) on site doing minor demolition. No dumpster on site. Moreau Elec. to be sub.; all piping for plumbing to be above ceiling (existing) any relocated will not require a permit. Kelly Associates to do HVAC. Notified them that I still have not recd. State Fire Marshalls Approval. Discussed conditions of approval re. back-up power for egres..

3/6/96 Still have no state fire Marshalls approval. Rough Plumbing Inspection - OK. Copper for oxygen installed also tested. Minor interior wall changes completed to point of sheetrocked being taped.

Need work final inspection

Inspection Record

Type	Date
Foundation:	
Framing:	
Plumbing:	
Fir	
Other.	

Moreau Elec.
Kelley Assoc.

Inspection Services
P. Samuel Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 2, 1996

Dan Herbert
Edward Herbert & Sons
9 Gould Road
Lewiston, Maine 04240

RE: 930 Congress Street
Portland, Maine

Dear Mr. Herbert,

Your application to make interior renovations to the third floor has been reviewed and a permit is herewith issued subject to the requirements listed below.

No Certificate of Occupancy will be issued until all requirements of this letter are met.

Building and Fire Code Requirements

1. The renovations requires State Fire Marshall approval. check
2. The sprinkler system shall be maintained to NFPA 13 Standards.
3. The fire alarm system shall be maintained to NFPA 72 Standards.
4. All means of egress shall be provided with signs and an emergency back-up system.
5. Portable fire extinguishers shall be provided in accordance with NFPA 10.

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

Sincerely,

Marge Schmuckal
Asst. Chief, Code Enforcement Division

cc: Lt. McDougall, PFD