732-936 Congress Street
and 271-281 Valley Street

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP ..... 00380...

B.O.C.A. TYPE OF CONSTRUCTION .....

ZONING LOCATION ..... PORTLAND, MAINE ..... April 4, 1986

PERMIT ISSUED
APR 8 1986
City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

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

LOCATION .... 932 Congress St. - 1st floor rear

1. Owner's name and address ..... Southern Me. Neurosurigal Assoc. - same ..... Fire District #1 ☐, #2 ☐
2. Lessee's name and address ..... Telephone .774-5676...
3. Contractor's name and address Ledgewood Inc. - 39 Portland Pier ..... Telephone ....775-0741.

..... No. of sheets .....

Proposed use of building scanner room for doctors - Me. Magnetic ~~Resonance Inc~~ ~~Pedyr~~ Imaging ..... No. families .....

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

Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....

Other buildings on same lot .....

Estimated contractual cost $....100,000.

FIELD INSPECTOR--Mr. .....
@ 775-5451

To make interior renovations to existing area as per plans. 1 sheet of plans.

Appeal Fees	$	.....
Base Fee		520.00
Late Fee		.....
TOTAL	$	.....

Stamp of Special Conditions

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

DETAILS OF NEW WORK

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

Is connection to be made to public sewer? existing ..... If not, what is proposed for sewage? .....

Has septic tank notice been sent? ..... Form notice sent? .....

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

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

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

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

No. of chimneys ..... Material of chimneys ..... of lining ..... Kind of heat ..... fuel .....

Framing Lumber—Kind ..... Dressed or full size? ..... Corner posts ..... Sills .....

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

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

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

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

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

If one story building with masonry walls, thickness of walls? ..... height? .....

IF A GARAGE

No. cars now accommodated on same lot ....., to be accommodated ..... number commercial cars to be accommodated .....

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? .....

APPROVALS BY: *DATE*

BUILDING INSPECTION—PLAN EXAMINER ...

ZONING: .....

BUILDING CODE.....

Fire Dept.: James H. Collins Lord

Health Dept.: .....

Others: .....

MISCELLANEOUS

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

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

Signature of Applicant ...Marion Sanders..... Phone # ..same.....

Type Name of above Ledgewood Inc. ...Marion Sanders for..... 1☒ 2☐ 3☐ 4☐

Other .....

and Address .....

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

5 M.Lowry

Permit No. 86/380

Location Lot 4 932 Congress 1st Flr. Rt.

Owner Southern Me. Neurosurgical assoc.

Date of permit 4/8/86

Approved

Dwelling

Garage

Alteration

NOTES

5/28 - Work in progress OK.

9/5 - Work just about complete. Told to call when ready for a final.

10/2 - Work completed OK per plan.

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date June 2, 19 86
Receipt and Permit number D 25854

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: 932 Congress St.

OWNER'S NAME: Maine Magnitic Imaging ADDRESS: same

		FEES
OUTLETS:		
Receptacles ____ Switches ____ Plugmold ____ ft. TOTAL	1-30	3.00
FIXTURES: (number of)		
Incandescent ____ Flourescent x (not strip) TOTAL	1-10	3.00
Strip Flourescent ____ ft.		
SERVICES:		
Overhead x Underground ____ Temporary ____ TOTAL amperes	600	6.00
METERS: (number of)	1	.50
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 x Over 20 kws ____		5.00
APPLIANCES: (number of)		
Ranges		
Cook Tops		
Wall Ovens		
Dryers		
Fans		
Water Heaters		
Disposals		
Dishwashers		
Compactors		
Others (denote)		
TOTAL		
MISCELLANEOUS: (number of)		
Branch Panels	3	3.00
Transformers	1	2.00
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:		22.50

INSPECTION:

Will be ready on _____, 19__; or Will Call xx

CONTRACTOR'S NAME: mancini electrical

ADDRESS: 179 SHeridan St.

TEL.: 774-5829

MASTER LICENSE NO.: on file - 2436 SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 9/23/91, 19__

Receipt and Permit number 3358

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: 932 Congress St.

OWNER'S NAME: Maine Magnetic Imaging ADDRESS:

	FEES
OUTLETS: Receptacles 10 Switches 10 Plugmold ____ ft. TOTAL 20	4.00
FIXTURES: (number of) Incandescent 14 Flourescent 6 (not strip) TOTAL 20	4.00
Strip Flourescent ____ ft.	
SERVICES: Overhead ____ Underground ____ Temporary ____ TOTAL amperes ____	
METERS: (number of) ____	
MOTORS: (number of)	
Fractional ____	
1 HP or over ____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) ____	
Electric (number of rooms) ____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) ____	
Oil or Gas (by separate units) ____	
Electric Under 20 kws ____ Over 20 kws ____	
APPLIANCES: (number of)	
Ranges ____ Water Heaters ____	
Cook Tops ____ Disposals ____	
Wall Ovens ____ Dishwashers ____	
Dryers ____ Compactors ____	
Fans ____ Others (denote) ____	
TOTAL ____	
MISCELLANEOUS: (number of)	4.00
Branch Panels 1	8.00
Transformers 1 45 KVA	10.00
Air Conditioners Central Unit 1	
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:	30.00

INSPECTION:

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

CONTRACTOR'S NAME: Mancini Elect

ADDRESS: 179 Sheridan ; Ptld

TEL.: 774-5829

MASTER LICENSE NO.: #14056 -Anthony SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.: Mancini Gwo Mancini

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 3358

Location 93 Canaveses

Owner [illegible]

Date of Permit 9-23-91

Final Inspection 12-31-91

By Inspector [signature]

Permit Application Register Page No. 115

INSPECTIONS: Service ________ by ________

Service called in ________

Closing-in 10-1-91 by [illegible]

PROGRESS INSPECTIONS: ____ / ____ / ____

DATE:	REMARKS:

913209

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee $770. Zone _____ Map # _____ Lot# _____

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

Owner: BMW Partnership Phone # 774-5676

Address: 932 Congress St; Ptld, ME 04102

LOCATION OF CONSTRUCTION 932 Congress St.

Contractor: Ledgewood Inc Sub.: 767-1866

Address: Box 8107; Ptld, ME 04104 Phone # _____

Est. Construction Cost: 150,000. Proposed Use: office bldg w renov

_____ Past Use: prof. office bldg

# 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 Interior renovations - lower level

For Official Use Only

Date 8/22/91

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost 150,000

Subdivision:

Name _____

Lot _____

Ownership: _____ Public _____ Private

PERMIT ISSUED
NOV - 4 1991
CITY OF PORTLAND

Zoning: B-2

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other (Explain) _____ 11-4-91

HISTORIC PRESERVATION

Not in District nor Landmark.
Does not require review.
Requires Review.
Approved
Approved with Conditions.
Denied

Date: 8/22/91

Signature: _____

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 _____

Ceiling:

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

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Action: Approved

Approved with Conditions.

Denied

Permit Received By: Louise E. Chase

PERMIT ISSUED WITH LETTER

Signature of Applicant: _____ Date 8.22.91

D.O.T. District _____ William Bridges

CONTINUED TO REVERSE SIDE Fire Alarm Lowe

White - Tax Assessor

Ivory Tag - CEO

Permit # 913209 City of Portland BUILDING PERMIT APPLICATION Fee 770. Zone _____ Map # _____ Lot# _____

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

Owner: BRW Partnership Phone # 774-5676

Address: 932 Congress St; Ptld, ME 04102

LOCATION OF CONSTRUCTION 932 Congress St.

Contractor: Ledgewood Inc Sub.: 767-1856

Address: Box 8107; Ptld, ME 04104 Phone # _____

Est. Construction Cost: 150,000. Proposed Use: office bldg w reno

Past Use: prof. office bldg

# 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 Interior renovations - lower level

For Official Use Only

Date: 5/22/91

Inside Fire Limits _____

Bldg Code _____

Tree Limit _____

Estimated Cost 150,000

Subdivision: _____

Name _____ Lot _____

Ownership: _____ Public _____

PERMIT ISSUED

NOV - 4 1991

CITY OF PORTLAND

Zoning: B-2

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ___ No ___ Date: _____

Planning Board Approval: Yes ___ No ___ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes ___ No ___ Floodplain Yes ___ No ___

Special Exception _____

Other _____ (Explain) _____ 11-4-91

HISTORIC PRESERVATION

Not in District or Landmark.

Does not require review.

Requires review.

Approved

Approved with conditions

Denied

Date: 5/24/91

Signature: _____

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 2x4 Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

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

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Permit Received By: Louise E. Chase

Signature of Applicant: _____ Date: 3-22-91

CEO's District: 3

PERMIT ISSUED WITH LETTER

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

PLOT PLAN

FEES (Breakdown From Front)

Base Fee $ 110-
Subdivision Fee $
Site Plan Review Fee $
Other Fees $
(Explain)
Late Fee $

Inspection Record

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

COMMENT

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 — ADDRESS — 767-1866 PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE — PHONE NO.

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

11/4/91

Ledgewood Inc.
50x 8107
Portland, ME 04104

re: 932 Congress St.

Dear Sir:

Your application to make interior renovations on the lower level has been reviewed and a permits is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met:

1. Exits shall be marked in accordance with Sections 5-10 of N.F.P.A. 101, Life Safety Code.
2. Emergency lighting shall be provided in accordance with Section 5-9.
3. Portable fire extinguishers shall be provided in accordance N.F.P.A. #10.
4. The builder of a facility to which Section 4591-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certificate from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

lec

City of Portland, Maine – Building or Use Permit Application

389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 932 Congress St	Owner: BMW Partnership	Phone:	Permit No: 940639
Owner Address:	Lessee/Buyer's Name: So Me Neurosurgical Assoc.	Phone: 932 Congress St Ptld, ME 04102	Business Name:
Contractor Name: Murray Construction	Address: P.O. Box 2530 So. Ptld, ME 04106	Phone: 799-8136	Permit Issued: JUN 29 1994
Past Use: Medical Office	Proposed Use: Medical Office w/Int Reno	COST OF WORK: $ 38,000.	PERMIT FEE: $ 210.00
Proposed Project Description: Make Interior Renovations as per plans.	FIRE DEPT. ☑ Approved ☐ Denied Signature:	INSPECTION: Use Group B Type 3B Signature:	Zone: B-1 CBL: 065-H-002
	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: ☐ Approved ☐ Approved with Conditions: ☐ Denied Signature: Date:		Zoning Approval: Special Zone or Reviews: ☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision ☐ Site Plan maj ☐ min ☐ mm ☐

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 is 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: Thomas A. Herbert ADDRESS: tom herbert DATE: 27 June 1994 PHONE: 799-8136

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: THOMAS A. HERBERT - PROJECT MANAGER PHONE: 799-8136

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

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: 6/27/94

CEO DISTRICT 3

MR. WING

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

Location of Construction: 932-934 Congress St	Owner: BMW Partnership		Phone:
Owner Address:	Lessee/Buyer's Name: Maine Medical Center	Phone:	Business Name:
Contractor Name: Edgewood, Inc. P.O. Box	Address: 8107 Portland, ME 04104		Phone: 767-1866
Past Use: Prof. Office	Proposed Use: Same	COST OF WORK: $ 1,961.00	PERMIT FEE: $ 80.00
Proposed Project Description: Int Reno (1st fl)		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group B Type: 3 Signature:
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: ☐ Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	
Permit Taken By: Mary Gresik	Date Applied For: 08 SEpt 1995		

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.

Cable Edgewood Interior Fitout

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: Joe LaRose ADDRESS: DATE: 08 Sept 1995 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Permit No: 950956

PERMIT ISSUED

Permit Issued: SEP 11 1995

CITY OF PORTLAND

Zone: B-2 CBL: 065-B-001

Zoning Approval: ok 9/11/95

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: 9/11/95

CEO DISTRICT 3

A. Simpson

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:
932 Congress St	BMW Partnership		951309

Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
	So. ME Neurological Associates		

Contractor Name:	Address:	Phone:
Murray Construction	P.O. Box 2520 So. Portland, ME 04116-2530	799-8136

Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:
Office	Same	$ 8,000.00	$ 60.00

FIRE DEPT.	INSPECTION:
☑ Approved ☐ Denied	Use Group: B Type: 2B BOCA 93
Signature:	Signature:

Proposed Project Description:

Interior Renovations 2nd fl

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved ☐ Approved with Conditions: ☐ Denied ☐

Signature: Date:

Permit Taken By:	Date Applied For:
Mary Gresik	11 December 1995

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..

No dumpster required

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

John Bisesti — 11 December 1995

SIGNATURE OF APPLICANT John Bisesti — ADDRESS: — DATE: — PHONE:

Murray Construction

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE — PHONE:

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

PERMIT ISSUED
Permit Issued:
DEC 13 1995
CITY OF PORTLAND

Zone: R-2 CBL: 065-H-001

Zoning Approval:

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: 12/13/95

CEO DISTRICT 3

A. Simpson

COMMENTS

2/19/95 N w/yet
1-25-96 Contractor not on site today. Have vacated third floor so patient activity will not be interrupted. Left a business card. No visible changes as of yet. Work actually located @ 920 Congress portion of office complex.

Inspection Record

	Type	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:	Owner:	Phone:	Permit No:
932 Congress St	BMW Partnership		951303

Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
	So. ME Neurological Associates		

Contractor Name:	Address:	Phone:
Murray Construction	P.O. Box 2530 So. Portland, ME 04116-2530	799-8136

Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:
Office	Same	$ 8,000.00	$ 60.00

FIRE DEPT.	INSPECTION:
☑ Approved ☐ Denied	Use Group: B Type: 2B BOCA 93
Signature:	Signature:

Proposed Project Description:

Interior Renovations 2nd fl

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved ☐ Approved with Conditions: ☐ Denied ☐

Signature: Date:

Permit Taken By:	Date Applied For:
Mary Gresik	11 December 1995

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..

No dumpster required

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.

John Bisesti 11 December 1995

SIGNATURE OF APPLICANT John Bisesti ADDRESS: DATE: PHONE:

Murray Construction

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

PERMIT ISSUED
Permit Issued:
DEC 13 1995
CITY OF PORTLAND

Zone: B2 CBL: 065-H-001

Zoning Approval:

Special Zone or Reviews:
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Action:
- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: 12/14/95

CEO DISTRICT 3

A. Simpson

CITY OF PORTLAND, MAINE
Departm. nt of Building Inspection

Certificate of Occupancy

LOCATION 932-934 Congress St

Issued to Maine Medical Center Date of Issue 16 October 1995

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. 950956, 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 Office

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

10/13/95 Gary A. Johnson
(Date) Inspector

E. Samuel Hoffses
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 – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 932-934 Congress St	Owner: BMW Partnership	Phone:	Permit No: 950956
Owner Address:	Lessee/Buyer's Name: Maine Medical Center	Phone:	BusinessName:
Contractor Name: Ledgewood, Inc. P.O. Box 8107 Portland, ME 04104	Address:	Phone: 767-1866	
Past Use: Prof Office	Proposed Use: Same	COST OF WORK: $ 11,961.00	PERMIT FEE: $ 60.00
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group B Type 5 BOCA Signature:
Proposed Project Description: Int Reno (1st fl)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	
Permit Taken By: Mary Gresik	Date Applied For: 08 SEpt 1995		

PERMIT ISSUED
Permit Issued: SEP 11 1995
CITY OF PORTLAND

Zone: B-2 | CBL: 065-H-001

Zoning Approval: CL S 9/11/95

Special Zone or Reviews:
- ☐ Shoreland
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Zoning Appeal
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Action:
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Date: 9/11/95

CEO DISTRICT: 3
A. Simpson

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SIGNATURE OF APPLICANT: Joe Lagoe ADDRESS: DATE: 08 Sept 1995 PHONE:

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

9/30/95 Demo. started
10-2-95 Interior Finishes completed. Some X-Ray Light Board Equipment installed. Electricians to finish lighting.
10-13-95 Issue C of O - fire alarm system back on line.

Inspection Record

Type	Date
Foundation:	
Framing:	
Plumbing:	
Final:	
Other:	

LEDGEWOOD, INC.
P.O. Box 8107
Portland, Maine 04104
(207) 767-1866
FAX (207) 767-1869

LETTER OF TRANSMITTAL

Date: 9/8/95 | Job #: 80-0858

Attention:

Re: Bldg Permit Application
MMP Renovations

To: City of Portland

WE ARE SENDING YOU ☑ Attached ☐ Under separate via _____ the following items.

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of Letter ☐ Change Order ☐ _____

Copies	Date	No.	Description
2			Dwg. A1
2			Specs.
1			Check for Bldg Permit Fee

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__copies prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19__ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Please hold & call when ready.

COPY TO File.

SIGNED Joseph E. LaRose, Project Manager