

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

October 4, 1988
Date

43 Baxter Blvd. Partners

Applicant

P. O. Box 3572, 177 Gray Rd., Portland, ME 04104

Mailing Address

Medical Offices

Proposed Use of Site

75,360 S.F. / 7,750 S.F.

Acres of Site / Ground Floor Coverage

43 Baxter Blvd.

Address of Proposed Site

112-E-11, 27, 26

Site Identifier(s) from Assessors Maps

I-2

Zoning of Proposed Site

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

Proposed Number of Floors 1

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

Total Floor Area 15,500 S.F.

Planning Board Action Required: () Yes () No

Other Comments: _____

Date Dept. Review Due: _____

PERMIT ISSUED
 WITH LETTER

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

COMPLIES

COMPLIES CONDITIONALLY

DOES NOT COMPLY

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

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS:

OK WDA 6-7-89

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

CITY OF PORTLAND, MAINE
PLANNING REVIEW
Processing Form

Steve Harris
 100488-1

43 Baxter Blvd. Partners

Applicant

October 4, 1988
 Date

P. O. Box 3572, 177 Gray Rd., Portland, ME 04104

43 Baxter Blvd.

Mailing Address

Address of Proposed Site

Medical Offices

112-F-11, 22, 26

Proposed Use of Site

Site Identifier(s) from Assessors Maps

75,360 S.F. / 7,750 S.F.

I-2

Acreage of Site / Ground Floor Coverage

Zoning of Proposed Site

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

Proposed Number of Floors 1

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

Total Floor Area 15,500 S.F.

Planning Board Action Required: () Yes () No

Other Comments:

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:

(Attach Separate Sheet if Necessary)

Steve Harris 5/25/89
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

**CITY OF PORTLAND, MAINE
SITE PLAN REVIEW**

Processing Form

Applicant 43 Baxter Blvd. Partners Date October 4, 1988
P. O. Box 3572, 177 Gray Rd., Portland, ME 04104 Address of Proposed Site 43 Baxter Blvd.
Medical Offices Mailing Address 112-F-1, 22, 26
Proposed Use of Site 75,360 S.F. / 7,750 S.F. Site Identifier(s) from Assessors Maps I-2
Acreage of Site / Ground Floor Coverage Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 1
Board of Appeals Action Required: () Yes () No Total Floor Area 15,500 S.F.
Planning Board Action Required: () Yes () No

Other Comments: _____
Date Dept. Review Due: _____

FIRE DEPARTMENT REVIEW

11/3/88
(Date Received)

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

REASONS: _____

(Attach Separate Sheet if Necessary)

John R. Dolbow
 SIGNATURE OF REVIEWING STAFF/DATE
 FIRE DEPARTMENT COPY

CITY OF PORTLAND, MAINE
SITE-PLAN REVIEW
 Processing Form

October 4, 1988
 Date

43 Baxter Blvd. Partners
 Applicant
P. O. Box 3572, 177 Gray Rd., Portland, ME 04104 43 Baxter Blvd.
 Mailing Address Address of Proposed Site
Medical Offices
 Proposed Use of Site Site Identifier(s) from Assessors Maps
75,360 S.F. / 7,750 S. #. I-2
 Acreage of Site / Ground Floor Coverage Zoning of Proposed Site

Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 1
 Board of Appeals Action Required: () Yes () No Total Floor Area 35,500 S.F.
 Planning Board Action Required: () Yes () No

Other Comments: _____
 Date Dept. Review Due: _____

PLANNING DEPARTMENT REVIEW

(Date Received)

- Major Development — Requires Planning Board Approval: Review Initiated
 Minor Development — Staff Review Below

	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												
DISAPPROVED												

CONDITIONS SPECIFIED BELOW
 REASONS SPECIFIED BELOW

REASONS: *This entire site shall be developed as depicted on the site plan. Approval of this planning authority, Planning Board shall be required for the location from the approved site plan, including, but not limited to, topography, location, location and size of buildings.*

(Attach Separate Sheet if Necessary)

SIGNATURE OF REVIEWING STAFF/DATE
 PLANNING DEPARTMENT COPY

LETTER OF TRANSMITTAL

Planning Division
Department of Planning and
Urban Development
Room 211 City Hall
389 Congress Street
Portland, Maine 04101

Date: 5/11/89
Staff Person: R. Henry
Phone : (207)874-8300, ext. 8726

To: Nancy Gossman
Building Inspections

Project Reference: 13 Baxter Blvd

We are sending you:

For Your:

- enclosed
- under separate cover
- available for pick-up

- information as requested
- review and comment
- information and use
- other: _____

Copies	Document Date	Description
<u>1</u>	<u>1/13/89</u>	<u>Approved Plans</u>
<u>1</u>		<u>Sign off sheet</u>

Remarks: _____

cc: _____

PERMIT # 001515 CITY OF Portland BUILDING PERMIT APPLICATION MAP # LOT#

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

Owner: Wolfgangeliese

Address: _____
 LOCATION OF CONSTRUCTION 43 Baxter Boulevard

CONTRACTOR: Bailey Sign SUBCONTRACTORS: _____
 ADDRESS: 9 Thomas Drive Westbrook 04092

Est. Construction Cost: _____ Type of Use: retail

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain to erect 4' x 6' sign

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: _____ 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 _____ Span(s) _____
 4. Header Sizes _____
 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: 1/10/88 Subdivision: Yes / No _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Block _____
 Estimated Cost _____ Permit Expiration: _____ Public _____
 Value/Signatures _____ Ownership: _____ Private _____
 Fee _____

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

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detecto. 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: _____ Square Footage _____
 2. Pool Size: _____ x _____
 3. Must conform to National Electrical Code and State Law.

Zoning: B-2
 District B-2 Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other: (Explain) _____
 Date Approved: OK 1/10/88

Permit Received By Kandi Cote
 Signature of Applicant [Signature] Date 8/10/88
 Signature of CEO _____ Date _____

Inspection Dates _____
 White-Tax Assessor _____ Yellow-GPCOG _____ White Tag -CEO [Signature] © Copyright GPCOG 1987

PLOT PLAN

N



FEES (Breakdown From Front)		Type	Inspection Record	Date
Base Fee \$	_____	_____	_____	____/____/____
Subdivision Fee \$	_____	_____	_____	____/____/____
Site Plan Review Fee \$	_____	_____	_____	____/____/____
Other Fees \$	_____	_____	_____	____/____/____
(Explain)	_____	_____	_____	____/____/____
Late Fee \$	_____	_____	_____	____/____/____

COMMENTS

Signature of Applicant _____

Date _____

RECEIVED

AUG 10 1968

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

CLASSIC
EYEWEAR

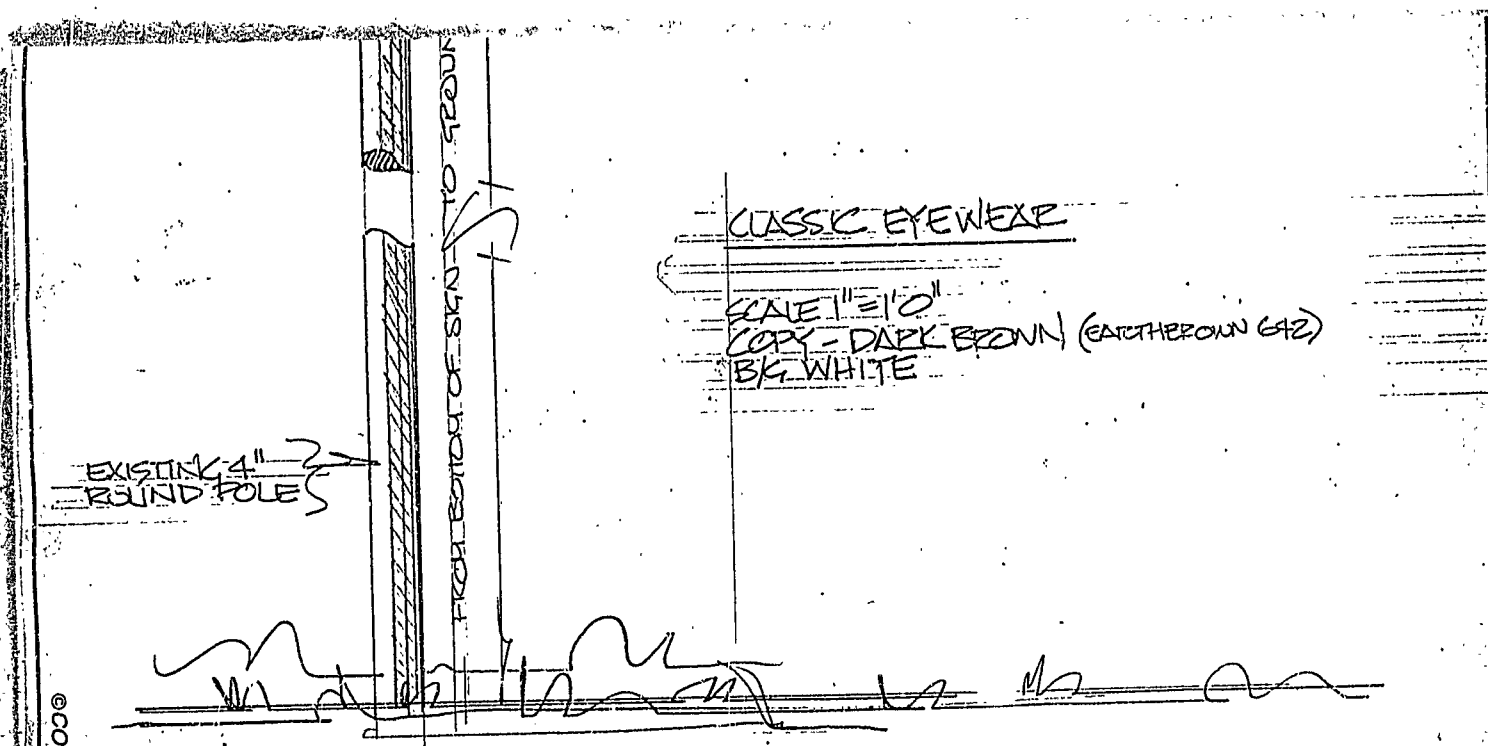
2" RETAINER

17 1/2" CAP


42"

HEAD, T.B.P.

0'0"



© COPYRIGHT

Project # <u>P-163</u> Drawing # <u>1133</u>	(ACCEPTANCE SIGNATURE DATE) _____	Scale: <u>1" = 10'</u> Date: <u>7/22/88</u>	Job No. O.# <u>065</u> Sheet: <u>1</u> of <u>1</u>	Revised 	Location: <u>OVER CONCRESS</u> CUSTOMER: <u>CLASSIC EYEWEAR</u>	SIGN SPECIFICATIONS ILLUMINATED: <u>NOT ILLUMINATED</u> LOCATION: <u>OVER CONCRESS</u> DATE: <u>7/22/88</u>	CABINETS: <u>SIGN TECH</u> SF: <u>0</u> HEIGHT: <u>4'</u> LENGTH: <u>6'</u> WIDTH: <u>9'</u> RADIUS: <u>0</u> MATERIAL: <u>1</u> COLOR: <u>1</u>	CROWN: <u>BENT</u> HANGING DART: _____ DIV DART: _____ LAMPS: _____ BALLAST: _____	FACE 1: Material _____ Color _____ COPY Color: <u>BROWN</u> DIV Color: <u>WHITE</u> SCAMS: <u>1</u>	FACE 2: Material _____ Color _____ COPY Color: _____ ROWS TRACK: _____ RAD Into: _____ Brand: _____ Gauge: _____ Size: _____ Color: _____	BUILDING TYPE: _____ ELEC LOC: _____ MOUNTING: _____ LOAD: _____	POLE COVER: _____ (laco) (sklo) FAST TO DOT: _____ MATERIAL: _____ Color: _____ SEINVICING: _____	 9 Thomas Drive Col. Westbrook Executive Park Westbrook, ME 04092 774-2843 1 800 543-SIGN
		This design is the exclusive property of Bailey Sign Incorporated and all rights to its use or reproduction are reserved.											

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 10, 1995

Nancy C. Steeves, Executive Director
c/o Northwest Hearing & Speech Center, Inc.
43 Baxter Blvd.
Portland, ME 04101

re: 43 Baxter Blvd.

Dear Nancy Steeves:

I am in receipt of your request for confirmation of the legal use of your building. This property is located in a B-2 business zone which allows this use as a medical building, as far as I can determine.

Our files indicate that all the proper permits have been applied for. If you need a copy of the most recent certificate of occupancy, feel free to visit our office and obtain a copy.

Sincerely,

A handwritten signature in cursive script that reads "Marge Schmuckal".

Marge Schmuckal
Asst. Chief of Insp. Serv. as
Zoning Administrator

cc: P. Samuel Hoffses, Chief of Inspection Services

lec

2/2/95



NORTHEAST

HEARING AND SPEECH CENTER, INC.

43 Baxter Boulevard
Portland, Maine 04101
207-874-1065

Sam Hoffses
389 Congress Street, Room 315
Portland, ME 04101

Dear Mr. Hoffses,

Pursuant to our phone call earlier today, I have enclosed a copy of Section 3.G. of the State of Maine's Regulations Governing the Licensing and Functioning of Home Health Care Services. As we discussed, this section requires me to submit a letter from "the appropriate municipal official that demonstrates compliance with all local ordinances relative to zoning and building code regulations". Without this letter, my application to obtain a Home Health Care Services license from the Department of Human Services will be incomplete.

Please do what you can to provide such a letter and please return the letter to me at 43 Baxter Boulevard so that I can send it with my application package.

Thank you for your assistance in this matter.

Sincerely,

Nancy C. Steeves
Executive Director



An Equal Opportunity Employer



United Way

REGULATIONS GOVERNING THE LICENSING AND
FUNCTIONING OF
HOME HEALTH CARE SERVICES
CHAPTER 3

LICENSING APPLICATION PROCEDURES

12/84

3.G. Compliance with All Local Ordinances

The applicant shall submit a letter from the appropriate municipal official(s) that demonstrates compliance with all local ordinances relative to zoning and building code regulations.

3.H. Posting of License

The license granted by the Department shall be conspicuously posted in an area where business is conducted/coordinated for home health care services.

3.I. Waiver Provisions

3.I.1. The Department may upon written request waive or modify any provision contained herein which is not mandated by Maine Statutes. The applicant or licensee shall provide clear and convincing evidence that the alternative method will comply with the intent of the regulation for which a waiver is sought. Requests for a waiver shall be made on forms approved by the Department, and shall include:

- a. a statement of the regulation for which a waiver is requested;
- b. an explanation of the reasons why the provisions cannot be met and a waiver is being requested; and
- c. a description of the alternative method proposed for meeting the intent of the provision sought to be waived.

Waivers, when approved, shall be time limited. Prior to the expiration of the approval, if the waiver continues to be necessary, an extension of time may be granted by the Department on receipt of a new application.

3.I.2. Home Health Care Agencies regulated by the State Government or the Federal Government may apply for consideration of a waiver to be granted by the Commissioner of the Department of Human Services. Home health care agencies that are regulated by the State Government or the Federal Government that may apply for this waiver include:

In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.


8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

* 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches cannot pass through any opening.

10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

* 11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification 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.

Sincerely,


P. Samuel Hoffnes
Chief of Inspection Services

/el
11/16/88



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 12, 19 82
 Receipt and Permit number A 78639

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: 43 Baxter Blvd.

OWNER'S NAME: Everett Dobson & Sons ADDRESS: same

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 63 5/30 ✓

FIXTURES: (number of) Incandescent _____ Flourescent x (not strip) TOTAL 30 5.00 ✓
 Strip Flourescent _____ ft.

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) 2 1.00 ✓

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 2 2.00 ✓

Transformers _____
 Air Conditioners Central Unit 2-3 15.00 ✓
 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 _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) TOTAL AMOUNT DUE: 28.30

INSPECTION: Will be ready on ready, 1982; or Will Call _____

CONTRACTOR'S NAME: Eastern Elec

ADDRESS: P. O. Box 346

TEL.: _____

MASTER LICENSE NO.: 3279 SIGNATURE OF CONTRACTOR: [Signature]

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 Oct. 26, 1984
 Receipt and Permit number C06045

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: 43 Baxter Blvd. - 2nd Fl.
 OWNER'S NAME: Everett Dobson & Sons ADDRESS: 117 Gray Rd., Fall River, Mass.

RECEIVED
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 OCT 27 1984
 FEES
 3.00
 4.10

OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 1-30 _____

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (not strip) TOTAL 21 _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____
 MOTORS: (number of) _____

Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of)
 Ranges _____ 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 _____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 7.10

INSPECTION: Will be ready on Oct. 26, 1984 or Will Call _____
 CONTRACTOR'S NAME: Eastern Elec.
 ADDRESS: P.O. Box 346, Portland
 TEL.: 772-6762
 MASTER LICENSE NO.: 3279
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR
[Signature]

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

B PERMIT # 001553 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Wolfgang Liese
 Address: _____
 LOCATION OF CONSTRUCTION 43 Baxter Boulevard
 CONTRACTOR: Bailey Sign SUBCONTRACTORS: _____
 ADDRESS: 9 Thomas Drive Westbrook 04092
 Est. Construction Cost: _____ Type of Use: retail
 Past Use: _____
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 _____ Conversion - Explain to erect 4' x 6' sign.

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

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

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

For Official Use Only	
Date <u>8/10/88</u>	Sub-division: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Block _____
Time Limit _____	Permit Expiration: _____
Estimated Cost _____	Ownership: _____ Public _____ Private _____
Value/Structure _____	
Fee <u>29.80</u>	

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing PERMIT ISSUED
 3. Type Ceilings: _____
 4. Insulation Type _____ Size JAN 3 1989
 5. Ceiling Height: _____

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

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of 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 _____ Side _____ Side _____

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

Permit Received By Kandi Gote

Signature of Applicant Rodney A. Bern Date 8/10/88
agent for owner

Signature of CEO _____ Date _____

Inspection Dates (6) BM

CITY OF PORTLAND, MAINE,
MEMORANDUM

TO: 43 Baxter Boulevard File

FROM: Richard Henry, Planner RH

DATE: May 21, 1990

SUBJECT: Release of Performance Guarantee

The developers of 43 Baxter Boulevard have requested that the performance guarantee for the project be released, as they have indicated no intention of proceeding on the project at this time. Since the bond is to be released, no building permit should be issued for this project. The developer will need to go through site plan approval again in the event that the site is to be developed.

cc: Paul Niehoff, Materials Engineer
Bill Giroux, Zoning Code Enforcement Officer

PERMIT # 002195 **CITY OF** Portland **BUILDING PERMIT APPLICATION** **MAP #** _____ **LOT#** _____

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

Owner: Baxter Blvd. Partners - 797-6241
 Address: 177 Gray Rd., P.O. Box 3572, Portland, ME 04104
 LOCATION OF CONSTRUCTION 43 Baxter Blvd.
 CONTRACTOR: Everett Dobson & Sons - 797-6241 SUBCONTRACTORS: _____
 ADDRESS: same as above

For Official Use Only	
Date <u>October 4, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost <u>\$770,000.00</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>3,870.00</u>	

Est. Construction Cost: \$770,000.00 Type of Use: Medical offices
 Past Use: exist. storage & office bldg. there presently to be demo.
 Building Dimensions L 100' W 75' Sq. Ft. 15,500 # Stories: 2 Lot Size: 75,360 S.F.
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
Conversion - Explain To construct addition to exist. bldg., 15,500,

COMPLETELY ONLY IF THE NUMBER OF UNITS WILL CHANGE as per plan.

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 _____

Ceiling:
 1. Ceiling Joists Size: _____ **PERMIT ISSUED**
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size JUN 7 1989
 5. Ceiling Height: _____

Roof: **City Of Portland**
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 4. Other _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

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 _____ Side _____

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

Permit Received By Justice M. Richardi

Signature of Applicant [Signature] Date 10/29/88

Signature of CEO _____ Date _____

Inspection Dates (6) KC

BUILDING PERMIT REPORT

ADDRESS: 43 Baxter Blvd DATE: 7/June/89
REASON FOR PERMIT: 15,500 SQ.FT. Addition

BUILDING OWNER: Baxter Blvd Partners

CONTRACTOR: Everett Dabson & Sons

PERMIT APPLICANT: _____

APPROVED: *1 *9 *11 DENIED: _____

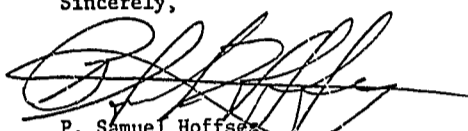
CONDITION OF APPROVAL OR ~~DENIAL~~:

- *1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) In addition to any automatic fire alarm system required by Sections 1018.3.5, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups R-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).

pg. 2

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

Sincerely,



P. Samuel Hoffses
Chief, Inspection Services

cc: Lt. Garroway, Portland Fire Department
R. Henry, Planning
S. Harris, Public Works



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207)874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

June 7, 1989

Baxter Blvd. Partners
177 Gray Road
P.O. Box 3572
Portland, Maine 04104

Re: 43 Baxter Blvd., Portland, Maine

Dear Sir:

Your application to construct a 15,500 sq. ft. addition for medical offices has been reviewed and a permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

Inspection Services	Approved	W. Giroux	June 7, 1989
Public Works	Approved	S. Harris	May 25, 1989
Fire Department	Approved	J. Doblowski	November 3, 1988
Planning Division	*Approved with conditions	R. Henry	

* The entire site shall be developed as depicted on the site plan. Approval of the Planning Authority or Planning Board shall be required for any alterations to or deviations from the approved site plan including, without limitation; topography; drainage; landscaping; retention of wooded or lawn areas; access; size; location and surfacing of parking areas and location and size of buildings.

Building and Fire Code Requirements

- 1.) Doors from new lobby area 1st floor to existing building to be two hour labeled fire doors including those leading to bathroom and office. Doors to be equipped with hydraulic door closer.
- 2.) Door from mezzanine to existing building to be two hour rated and equipped with hydraulic door closers.
- 3.) Door from mezzanine to new office area to be one hour rated fire door with a hydraulic self closer.
- 4.) Door from first floor new office area to hallway to be one hour rated fire door with a hydraulic self closer.
- 5.) Door from second floor to new stairwell to be one hour rated with hydraulic self closer.
- 6.) Exits and path of travel to exits to be marked with illuminated exit signs.
- 7.) Emergency lighting to be provided to illuminate the path of travel to exits per the requirements of Section 5-9 of N.F.P.A. 101 Life Safety Code.
- 8.) A complete automatic fire detection system is required, plans to be submitted for separate approval.
- 9.) New office area approved for vacant space only - final floor plans must be submitted for approval.

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 3,870.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ 350.00 (Major)
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS

Work complete

Signature of Applicant *David [unclear]* Date 10/4/88

PERMIT # 602195 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

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 Address: 177 Gray Rd., P.O. Box 3572, Portland, ME 04104
 LOCATION OF CONSTRUCTION: 43 Baxter Blvd.
 CONTRACTOR: Everett Johnson & Sons - 797-6242 SUBCONTRACTORS: _____
 ADDRESS: same as above

Est. Construction Cost: \$770,000.00 Type of Use: Medical offices
 Past Use: exist. storage & office bldg. there presently to be demo.
 Building Dimensions: 1100' x 75' Sq. Ft. # Stories: 2 Lot Size: 75,360 S.F.
 Is Proposed Use: Seasonal Condominium _____ Apartment _____
Conversion - Explain to construct addition to exist. bldg., 15,500'

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE AS PER PLAN.
 Residential Buildings Only:
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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

For Official Use Only	
Date: <u>October 4, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>\$770,000.00</u>	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>3.1%</u> URB	

Ceiling:
 1. Ceiling Joists Size: _____ **PERMIT ISSUED**
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____ **JUN 7 1989**
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size: _____ **City Of Portland**
 2. Sheathing Type _____ Span _____ 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 10.0 Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories (or Sinks) 00.000
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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 _____ Side _____ Side _____

Review Required:
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 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt. _____ Special Exception _____
 Other (Explain) _____
 Date Approved: 10/15/88

Permit Received By: Joyce M. Bingham

Signature of Applicant: _____ Date: 10/15/88

Signature of CEO: _____ Date: _____

Inspection Dates: _____

PERMIT ISSUED WITH LETTER

White-Tax Assessor Yellow-GPCOG White Tag -CEO **16/MA Carrol** Copyright GPCOG 1987