

PERMIT TO INSTALL PLUMBING

Date Issued **10-19-75**
 Portland Plumbing Inspector
 By ERNOLD R. GOODWIN

App. Final Insp.
NOV 24 1976
 Date ERNOLD R. GOODWIN
 By CHIEF PLUMBER

App. Final Insp.
APR 21 1977
 Date ERNOLD R. GOODWIN
 By CHIEF PLUMBER

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

Address **335 Brighton Ave.** PERMIT NUMBER **0483**
 Installation For **hospital**
 Owner of Bldg **Osteopathic Hospital of Maine**
 Owner's Address **335 Brighton Ave.**
 Plumber: **Carl Emmons, Tucker Ave.** Date: **NOV 10-19-75**

NEW	REPL.	DESCRIPTION	DATE	QUANTITY	PRICE
		SINKS			
		LABORATORIES	OCT 22 1976	8	18.00
		TOILETS			
		BATH TUBS	NOV 10 1976		
		SHOWERS			
		DRAINS FLOOR SURFACE			
		HOT WATER TANKS	MAY 2 1976	1	2.00
		TANKLESS WATER HEATERS			
		GARBAGE DISPOSALS			
		SEPTIC TANKS	MAY 2 1976	1	2.00
		HOUSE SEWERS	DEC 9 1976		
		ROOF LEADERS			
		AUTOMATIC WASHERS	DEC 1 1976		
		DISHWASHERS			
		OTHER	DEC 20 1976		
		base fee			3.00
TOTAL					23.00

Building and Inspection Services Dept.; Plumbing Inspection

R3 RESIDENCE ZONE



APPLICATION FOR PERMIT

Class of Building or Type of Structure

Portland, Maine, August 26, 1971

PERMIT ISSUED

SEP 10 1971

1080

CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location 335 Brighton Ave. Within Fire Limits? Dist. No.
Owner's name and address Osteopathic Hospital of Maine, Inc. Telephone
Lessee's name and address Telephone
Contractor's name and address Telephone
Architect Specifications Plans No. of sheets
Proposed use of building Temporary office No. families
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated cost \$ Fee \$ 25.00

General Description of New Work

To locate trailer in front of building for temporary office use
Office trailer to be located here during new construction (several months)

Approved by Municipal Officers 9/8/71

R3 RESIDENCE ZONE

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

Details of New Work

Att: Mr. Miller

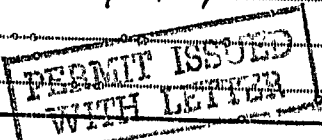
Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solia 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 spans 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?

APPROVED:

R.L.B. 9/9/71



US 801

INSPECTION COPY

Signature of owner Ernest Miller

Miscellaneous

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

NOTES

9-16-71
Installed - with gas
heater - To platform
both Exit doors AD

Removed AD

Permit No. 71/1080
Location 335 Brighton Ave
Owner *Statewide Hoop of Stone*
Date of permit 8/10/71
Notif. closing-in
Inspn. closing-in
Final Notif.
Final Inspn.
Cert. of Occupancy issued
Staking Out Notice
Form Check Notice

R3 RESIDENCE ZONE

PERMIT ISSUED
205
MAR 10 1971
CITY of PORTLAND



APPLICATION FOR PERMIT

Class of Building or Type of Structure _____
Portland, Maine, March 8, 1971

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location 335 Brighton Avenue Within Fire Limits? _____ Dist. No. _____
Owner's name and address Osteopathic Hospital of Maine, 335 Brighton Telephone _____
Lessee's name and address _____ Telephone _____
Contractor's name and address New England Oxygen, Saco Industrial Park Telephone _____
Architect _____ Specifications Saco, Maine Plans yes _____ No. of sheets 1
Proposed use of building _____ No. families _____
Last use _____ No. families _____
Material _____ No. stories _____ Heat _____ Style of roof _____ Roofing _____
Other buildings on same lot _____
Estimated cost \$ 700. _____ Fee \$ 5.00 _____

General Description of New Work

To install ⁵⁷⁵ 1-330 gal. cryogenic tank - liquid oxygen
To set on concrete pad
6' ~~gum~~ fence around tank

Sent to Fire Dept 3/8/71
Rec'd from Fire Dept 3/9/71

It is understood tho. this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED TO New England Oxygen

Details of New Work

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

APPROVED:

W.A. Luley 3-9-71
R.L.B. 3/9/71

Miscellaneous

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

Osteopathic Hospital of Maine
New England Oxygen

CS 301

INSPECTION COPY

Signature of owner By: *W.A. Luley*

Permit No. 71 / 205

Location 335 Park Ave

Owner *D. C. ...*

Date of permit 12/10/51

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

Staking Out Notice

Form Check Notice

125 P. ...

NOTES

3/25/51 NOT COMPLETED
M.G.W.

5/18/51 TANK INSTALLED
M.G.W.

[The remaining lines of the notes section are crossed out with a large 'X']

Feb. 12, 1971

Mr. Kelley, Hospital Administrator
Osteopathic Hospital of Maine, Inc.
335 Brighton Avenue

Dear Mr. Kelley:

In reference to our meeting of Thursday, February 11th and your request to use the recently acquired property on Hollis Road for four secretaries until July 1st, we find no problem inasmuch as it is abutting the hospital property and the use is accessory to it. At that time you expressed that after July 1st you would put the use of the building back to a residential use.

Very truly yours,

R. Lovell Brown
Director

RLB:m

FRANK M. HOBERTY, JR.
COMMISSIONER

HAROLD E. TRANEY
DEPUTY COMMISSIONER



CHARLES F. ROGAN
DIRECTOR

HARRY B. ROLLINS
ASSISTANT DIRECTOR

STATE OF MAINE

Insurance Department
DIVISION OF STATE FIRE PREVENTION
AUGUSTA, MAINE 04330

February 6, 1970

Mr. Gerald H. Kelley, Administrator
Osteopathic Hospital of Maine
335 Brighton Avenue
Portland, Maine

Dear Sir:

Re: Osteopathic Hospital of Maine

In accordance with Title 25, Revised Statutes of 1964, a Supervising State Fire Inspector recently inspected your property and found the following conditions in violation of the statutes governing the fire laws of this State, as indicated below:

Fire doors, kitchen to corridor, to have electro-magnetic holders.

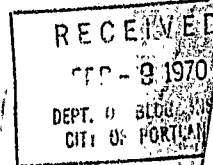
Please advise this office in writing when such violations of the fire laws have been corrected in order that this office may advise the Commissioner of the Department of Health and Welfare that your property complies with the statutory provisions relating to fire safety.

By direction of the Insurance Commissioner

Charles F. Rogan

Director.

With cc: Health & Welfare Dept.
Chief Joseph Crano
Portland Building Inspector



ALWAYS PREVENT FIRE ALL WAYS

A.P.- 335 Brighton Ave.

May 14, 1968

Mr. Carroll Miller
Osteopathic Hospital of Maine, Inc.
335 Brighton Avenue

Dear Mr. Miller:

Application for Certificate of Occupancy for parking 32 cars on additional area to existing parking lot at the above named location is being issued with the understanding that where this new area abuts a lot in Residential use or an unoccupied lot a chain link, picket or sapling fence not less than 48 inches in height shall be provided between such off-street parking and that part of the lot line involved.

Very truly yours,

A. Allan Soule
Acting Deputy Director of
Building & Inspection Services

AAS:m

CITY OF PORTLAND, MAINE
Application for Permit to Install Wires

Permit No. 53791
 Issued

Portland, Maine, 19.....

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out - Minimum Fee, \$1.00)

Owner's Name and Address Osteopathic Hosp Tel. 274 39 21
 Contractor's Name and Address " Tel. 274 39 21
 Location 335 Brighton Ave Use of Building Office space
 Number of Families Apartments Stores Number of Stories 1
 Description of Wiring: New Work Additions Alterations

Pipe Cable Metal Molding BX Cable Plug Molding (No. of feet)
 No. Light Outlets Plugs Light Circuits 1 Plug Circuits 1
 FIXTURES: No. Light Switches Fluor. or Strip Lighting (No. feet)
 SERVICE: Pipe Cable Underground No. of Wires Size 12-2 wire ground
 METERS: Relocated Added Total No. Meters
 MOTORS: Number Phase H. P. Amps Volts Starter
 HEATING UNITS: Domestic (Oil) No. Motors Phase H.P.
 Commercial (Oil) No. Motors Phase H.P.
 Electric Heat (No. of Rooms)
 APPLIANCES: No. Ranges Watts Brand Feeds (Size and No.)
 Elec. Heaters Watts
 Miscellaneous Watts Extra Cabinets or Panels
 Transformers Air Conditioners (No. Units) Signs (No. Units)
 Will commence 19..... Ready to cover in 19..... Inspection 19.....
 Amount of Fee \$ 1.00

Signed M K Chute

DO NOT WRITE BELOW THIS LINE

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

REMARKS:

INSPECTED BY F W Fisher
 (OVER)

R3 RESIDENCE ZONE



APPLICATION FOR PERMIT

Class of Building or Type of Structure Second Class
Portland, Maine, September 9 1966

PERMIT ISSUED
00878
SEP 13 1966
CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location 335 Brighton Ave. Within Fire Limits? _____ Dist. No. _____
Owner's name and address Osteopathic Hospital of Maine Inc. 335 Brighton Ave. Telephone _____
Lessee's name and address _____ Telephone _____
Contractor's name and address owners Telephone 774-3921
Architect _____ Specifications _____ Plans yes No. of sheets 2
Proposed use of building Hospital No. families _____
Last use _____ " _____ 'o. families _____
Material frame No. stories 1 Heat _____ Style of roof _____ Roofing _____
Other buildings on same lot _____
Estimated cost \$ 3000.00 Fee \$ 7.00

General Description of New Work

To construct 1-story frame addition 28' x 8' on rear of building.

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

Details of New Work

Is any plumbing involved in this work? no Is any electrical work involved in this work? yes
Is connection to be made to public sewer? _____ If not, what is proposed for sewage? _____
Has septic tank notice been sent? _____ Form notice sent? yes
Height average grade to top of plate 10' Height average grade to highest point of roof 14'
Size, front 8' depth 28' No. stories 1 solid or filled land? solid earth or rock? earth
Material of foundation concrete at least 4' below grade Thickness, top _____ bottom _____ cellar _____
Kind of roof shed Rise per foot 6" Roof covering Asphalt Class C Und Label.
No. of chimneys _____ Material of chimneys _____ of lining _____ Kind of heat _____ fuel oil
Framing Lumber—Kind hemlock Dressed or full size? dressed Corner posts 4x6 Sills 6x10
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 2x10, 2nd _____, 3rd _____, roof 2x6
On centers: 1st floor 16", 2nd _____, 3rd _____, roof 16"
Maximum span: 1st floor 8', 2nd _____, 3rd _____, roof 6' 8"
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? _____

APPROVED:

O.K. - 9/12/66 - Allen

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

Osteopathic Hospital of Maine Inc.

INSPECTION COPY

Signature of owner by:

Norman K. Christopher

NOTES

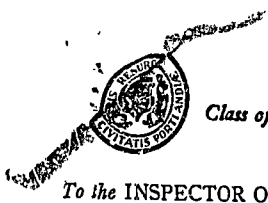
9-13-66 Sonotubes
in sill + floor
framing started
JH

9-16-66 OK to close
in
JH

X

General plot plan
re turned to Hosp.
JH

Permit No. 6618748
 Location 335 Knight Ave.
 Owner Peter & Elizabeth Hosp. Inc.
 Date of permit 9/13/66
 Notif. closing-in 9/16/66
 Inspn. closing-in
 Final Notif.
 Final Inspn.
 Cert. of Occupancy issued
 Staking Out Notice
 Form Check Notice



R3 RESIDENCE ZONE
APPLICATION FOR PERMIT

Class of Building or Type of Structure Second Class
Portland, Maine, January 26, 1968

PERMIT ISSUED
104
FEB 12 1968
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location 335 Brighton Ave. Within Fire Limits? _____ Dist. No. _____
Owner's name and address Osteopathic Hospital of Maine, 335 Brighton Ave. Telephone _____
Lessee's name and address _____ Telephone _____
Contractor's name and address C. Galli & Son 53 Portland St. Telephone 772-8392
Architect _____ Specifications _____ Plans yes No. of sheets 2
Proposed use of building Hospital No. families _____
Last use _____ " _____ No. families _____
Material 2nd. cl. No. stories 3 Heat _____ Style of roof _____ Roofing _____
Other buildings on same lot _____
Estimated cost \$ 5000.00 Fee \$ 9.00

General Description of New Work

To make alterations on first floor (X-Ray Room) as per plans.

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

Details of New Work

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

APPROVED:
A. E. M.

Miscellaneous

Will work require disturbing of any tree on 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

CS 301

INSPECTION COPY

Signature of owner by:

Osteopathic Hospital of Maine
C. Galli & Son
James H. Galli

FM



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

PERMIT ISSUED

Portland, Maine, July 26, 1965

ABC 8 785

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

CITY OF PORTLAND

Location 335 Brighton Ave. Use of Building Hospital No. Stories New Building
 Name and address of owner of appliance Osteopathic Hospital of Maine, 335 Brighton Ave. Existing "Existing"
 Installer's name and address Portland Gas Light Co., 5 Temple St. Telephone 772-8321

General Description of Work

To install gas-fired friolator, grille and 2 open burners (all in one unit)
 Model 1848-BR Clearway

IF HEATER, OR POWER BOILER

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

IF OIL BURNER

Name and type of burner Labelled by underwriters' laboratories?
 Will operator be always in attendance? Does oil supply line feed from top or bottom of tank?
 Type of floor beneath burner Size of vent pipe
 Location of oil storage Number and capacity of tanks
 Low water shut off Make No.
 Will all tanks be more than five feet from any flame? How many tanks enclosed?
 Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE

Location of appliance 1st floor Any burnable material in floor surface or beneath? no
 If so, how protected? Height of Legs, if any no
 Skirting at bottom of appliance? no Distance to combustible material from top of appliance? no
 From front of appliance From sides and back cinder block From top of smoke pipe non-combustible material
 Size of chimney flue Other connections to same flue
 Is hood to be provided? yes If so, how vented? to be vented to existing hood Forced gravity? forced
 If gas fired, how vented? see above Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Equipment sets on stainless steel counter

Amount of fee enclosed? 2.00 (\$8.00 for one heater, etc., 50-cents additional for each additional heater, etc., in same building at same time.)

APPROVED:

OK 8-9-65 [Signature]

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? 2.00

Portland Gas Light Co.

Signature of Installer BY: [Signature]

PERMIT # 913 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Osteopathic of Maine

Address: 335 Brighton Avenue

LOCATION OF CONSTRUCTION 335 Brighton Ave.

CONTRACTOR: Consolidated Const. Builders SUBCONTRACTORS: 774-2626

ADDRESS: 106 Commercial Street

Est. Construction Cost: 400,000 Type of Use: Hospital

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

_____ Conversion - Explain To make interior renovations and roof extension

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 Size _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

For Official Use Only	
Date <u>July 27, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost: <u>400,000</u>	Permit Expiration: _____
Value/Structure: <u>2,020.00</u>	Ownership: _____ Public _____ Private _____
Fee _____	

Ceiling:

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

Roof:

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

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 Lisa Cushman

Signature of Applicant Joseph Alvario Jr Date July 27, 1988

Signature of CEO 1 Date _____

Inspection Dates: _____

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

APR 25 1986

B.O.C.A. TYPE OF CONSTRUCTION 00459

ZONING LOCATION R-3 PORTLAND, MAINE ... April 23, 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 335 Brighton Avenue Fire District #1 , #2

1. Owner's name and address .. Osteopathic Hosp. Of Me., same Telephone 774-3921...

2. Lessee's name and address Telephone

3. Contractor's name and address Galco Co., Rigby Ind. Park So. Portland Telephone .773-3865..

..... No. of sheets

Proposed use of building temp construction for office use No. families

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ Appeal Fees \$

FIELD INSPECTOR—Mr. @ 775-5451 Base Fee25.00..

Late Fee

TOTAL \$

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

To set 12' x 60' trailer to be used for offices for construction, to be used from April 23, 1986 until completion of construction.

Stamp of Special Conditions

SEND TO 1 04102 - Hunt Club

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? no Is any electrical work involved in this work? yes

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

Has septic tank notice been sent? Form notice sent?

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

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

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

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

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

Size Girder Columns 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**

MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? ... no

ZONING: O.R. 242 J. 4/23/86

BUILDING CODE: Will there be in charge of the above work a person competent

Fire Dept.: to see that the State and City requirements pertaining thereto

Health Dept.: are observed? yes.....

Others:

Signature of Applicant *Elmer Kuusela* Phone # same

Type Name of above Elmer Kuusela for 1 2 3 4

Osteopathic Hospital Other

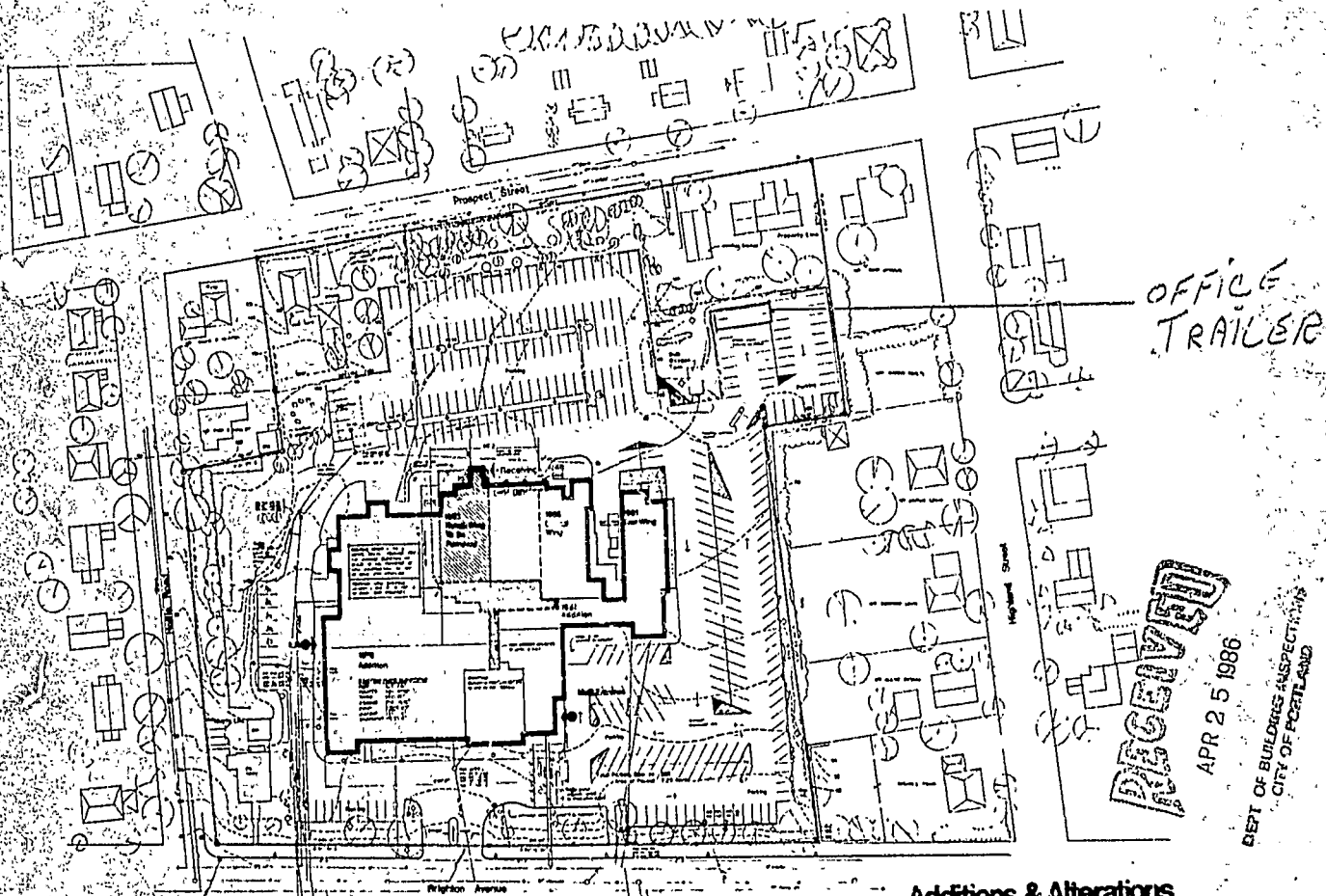
Maintenance Supervisor and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

9 M.W. Williams



OFFICE TRAILER



RECEIVED

APR 25 1986

DEPT OF BUILDINGS INSPECTIONS
CITY OF PORTLAND

Additions & Alterations
**Osteopathic
Hospital of Maine, Inc.**
335 Brighton Ave. Portland, Maine

Key

-  Exst. Construction To Be Removed
-  Proposed New Construction

TRO

Site

15 0 30



L-1

CONTRACT NO. 5720
DATE: 10/1/85
SCALE: AS SHOWN
DRAWN BY: [illegible]
CHECKED BY: [illegible]
APPROVED BY: [illegible]

OHM

OSTEOPATHIC HOSPITAL OF MAINE, INC.
335 BRIGHTON AVENUE, PORTLAND, MAINE 04102
207/774-3921

April 24, 1986

To: Building Inspector's Office
From: Kurt Felix, Director of Plant
Operations

Enclosed please find site plan
indicating location of temporary
office trailer - back parking lot.

Any questions, please feel free to
call me.

/nj

Enclosure

RECEIVED

APR 25 1986

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

MURRAY GENERAL CONTRACTORS

F.P. & C.H. Murray, Inc.
 P.O. Box 2530
 SOUTH PORTLAND, MAINE 04106

Phone (207) 799-8136
 Fax # (207) 799-1056

LETTER OF TRANSMITTAL

TO CITY OF PORTLAND

DATE	10-16-91	JOB NO.	20
ATTENTION	BILL GIROUX		
RE:	BRIGHTON MEDICAL		

- WE ARE SENDING YOU Attached Under separate cover via _____ the following:
- Shop drawings
 - Prints
 - Plans
 - Samples
 - Specifications
 - Copy of letter
 - Change order
 - _____

COPIES	DATE	NO.	DESCRIPTION
1	10-91	1/2	SITE DRAWING

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE _____ 19 _____
- Approved as submitted
- Approved as noted
- Returned for corrections
- _____
- Resubmit _____ copies for _____
- Submit _____ copies for _____
- Return _____ corrected _____
- PRINTS RETURNED AFTER LOAN

REMARKS _____

RECEIVED

OCT 16 1991

DEPT. OF BUILDING
 CITY OF PORTLAND

COPY TO FIELD REGULATORY COR.

SIGNED: Thomas A.

BUILDING PERMIT APPLICATION Fee 170 Zone _____ Map # _____ Lot# _____

Plans must accompany form.

Phone # 879-3030
04102
04116

For Official Use Only

Date 2/12/93
Subdivision: _____
Name: _____
Lot: _____
Ownership: CITY OF PLYMOUTH
Estimated Cost 10,000

Use: osp w intr renov
hosp
- pre/admission area

Zoning:
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) _____

-ground floor- Ceiling:

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

Roof:

1. Truss or Rafter Size: _____
2. Sheathing Type: _____
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. _____
3. _____

Weather Exposure:

HISTORIC PRESERVATION

- 1. Ceiling Joists Size: _____ Spacing: _____ Not in District nor Landmark
- 2. Ceiling Strapping Size: _____ Does not require review.
- 3. Type Ceilings: _____ Size: _____ Requires Review.

Roof:

1. Truss or Rafter Size: _____ Spatial Action: Approved

2. Sheathing Type: _____ Size: _____ Approved with Conditions

3. Roof Covering Type: _____ Denied

Chimneys:
Type: _____ Number of Fire Places: _____ Date: 2/12/93

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. _____

3. _____

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Signature of Applicant: Dwayne Robinson Date: 2/12/93

Signature of CEO: _____ Date: _____

Inspection Dates _____

White Tax Assessor Yellow-GPCOG White Tag-CEO 67 Mr. Rowe © Copyright GPCOG 1988

PLOT PLAN



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

Type	Inspection Record	Date
<u>Done</u>		<u>9 13 93</u>
<u>Allow</u>		
<u>X</u>		

COMMENTS

Signature of Applicant

Date

8/12/93



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date August 8, 1994
 Receipt and Permit number 9171

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: 335 Brighton Ave.
 OWNER'S NAME: Brighton Medical Center ADDRESS: same

OUTLETS:	FEEES
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>10</u>	2.00
FIXTURES: (number of)	
Incandescent _____ Flourescent <u>20</u> (not strip) TOTAL <u>20</u>	4.00
Strip Flourescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
MOTORS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of ur'ts, _____)	
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 _____	
MISC ANEIOUS: (number of)	
Switch Panels _____	
Transformers _____	
Transformers Central Unit <u>1</u>	
Separate Units (windows) _____	10.00
_____ ft. and under _____	
_____ or 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 <u>1</u>	2.00
Circus, Fairs, etc. _____	
Alterations of wires _____	
Repairs after fire _____	
Emergency Lights, batteries _____	
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: _____	18.00

INSPECTION: Will be ready on NOW 1994; or Will Call _____
 CONTRACTOR'S NAME: Bay Electric Co.
 ADDRESS: P.o. Box 6316 Elizabeth, ME 04107
 TEL: 799-0350
 MASTER LICENSE NO.: 09171
 LIMITED LICENSE NO.: _____
 SIGNATURE OF CONTRACTOR: David Mailman

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

*1st Floor
 City - Back Wall
 OK*

MIL 9207

ELECTRICAL INSTALLATIONS —

Permit Number 2171

Location 335 Beigl. Road

Owner BME

Date of Permit 8-8-94

Final inspection 8-9-94

By Inspector S. R. [Signature]

Permit Application Register Page No. Complete

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 8-9-94 by [Signature]

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE.	REMARKS:

MA. Q. 011

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

Location of Construction: 335 Brighton Ave		Owner: Brighton Medical Center		Phone:		Permit No: 940836	
Contractor Name: Murray Construction		Leasee/Buyer's Name:		Business Name:		Mary Gresik	
Address: P.O. Box 2530 So. Ptld, ME 04116		Phone: 799-8136		PERMIT FEE: \$ 310.		Permit Issued: 09/10	
Proposed Use: Medical Center		COST OF WORK: \$ 58,000.		INSPECTION: Use Group: / Type: /		Zoning: CBL: 121-C-009	
FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

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.

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

Thomas A. Herbert
SIGNATURE OF APPLICANT Tom Herbert ADDRESS: _____ DATE: 8 August 1994 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____
White-Permit De. 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:
 Approver
 Approved with Conditions
 Denied

Date: *8/9/94*
[Signature]

CEO DISTRICT **6**
MA. ROWE

121-C-9

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF STATE FIRE MARSHAL
AUGUSTA
CONSTRUCTION PERMIT



Permit No. 5659

PERMISSION IS HEREBY GIVEN TO
Brighton Medical Center
335 Brighton Avenue
Portland, ME 04102

Location of project
335 Brighton Avenue
Portland

PROJECT TITLE
Respiratory Therapy, Pulmonary,
and Operating Room Renovations
OCCUPANCY CLASSIFICATION
Hospital

To construct or alter the afore referenced building according to the plans hitherto filed with the
Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on April 4, 19 93.

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws,
or other pertinent legal restrictions.

Dated the 5th day of October A.D. 19 92

John R. Clunney
Commissioner - Public Safety

FEE \$ 45.00

OFFICE OF STATE



FIRE MARSHAL

317 State Street
State House Station #52
Augusta, ME 04333
(207) 289-FIRE
FAX (207) 289-5163

September 1, 1992

Ms. Sandra Boyd
Brighton Medical Center
335 Brighton Avenue
Portland, ME 04102

RE: Respiratory Therapy, Pulmonary Med., and O.R. Renovations

Dear Ms. Boyd:

After reviewing your plans submitted to this office, I find they are in compliance with the existing requirements of the Life Safety Code and will be considered for approval on submission of complete plans and specifications.
CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.

If I may be of further assistance to you in this matter, please do not hesitate to contact this office.

Yours for better fire protection,

Donna L. Emerson
DONNA L. EMERSON, Assistant
Fire Protection Specialist

DLE/cmb

cc: DiGiorgio Associates, Inc.
✓ CEO, City of Portland

Permit
928592
028592

COPY

UNITEL MUTUAL FIRE INSURANCE CO.

Engineering Department

175 Berkeley Street
Boston, Mass.

May 20, 1940

Eastern Fire Protection Co.
137 Middle Street
Lewiston, Maine.

Gentlemen:

Thanks for your letter of the 16th.

We return one of your plans and advise that based upon information
contained in yours of the 16th we approve the job.

Yours very truly

(Signed) C. F. GALLOWAY

Assistant Vice President

(Sprinkler plans for Osteopathic Hospital of Maine, 335 Brighton Ave.,
Portland, Maine - as per plan May 2, 1940)



Orig. not Permit No. 10725

Amendment No. _____

AMENDMENT TO APPLICATION FOR PERMIT

Portland, Maine, July 8, 1940

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for an amendment to Permit No. 10725, pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 335 Brighton Avenue Within Fire Limits? no Dist. No. _____
 Owner's or Lessee's name and address Osteopathic Hospital of Maine
 Contractor's name and address Eastern Fire Protection Co. 137 Middle St. Lewiston 122
 Plans filed as part of this Amendment yes No. of sheets 3
 Is any plumbing work involved in this work? _____ Is any electrical work involved in this work? _____
 Increased cost of work 1895. Additional fee 25.
 Framing Lumber: Kind? _____ Dressed or Full Size? _____

Description of Proposed Work:

To install dry pipe sprinkler system for entire building with dry pipe valve

*Letter of approval of Union
Central Fire Ins. Co. attached -
see letter in sprinkler file
msd*

Approved: _____

Chief of Fire Department.

Osteopathic Hospital of Maine
By Eastern Fire Protection Co.
Signature of Owner Alton Sprout

INSPECTION COPY

Commissioner of Public Works.

Approved: 9/14/40 msd
Inspector of Buildings 7010



Original Permit No. 10/256

Amendment No. 5

AMENDMENT TO APPLICATION FOR PERMIT 1940

To the INSPECTOR OF BUILDINGS, PORTLAND, ME. Portland, Maine, 15, 1940

The undersigned hereby applies for an amendment to Permit No. 10/256 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 335 Brighton Avenue Within Fire Limits? no Dist. No. _____

Owner's or Lessee's name and address St. Joseph's Hospital of Maine

Contractor's name and address Owner

Plans filed as part of this Amendment yes No. of Sheets 3

Is any plumbing work involved in this work? yes Is any electrical work involved in this work? no

Increased cost of work _____ Additional fee .25

Framing Lumber: Kind? _____ Dressed or Full Size? _____

Description of Proposed Work

Basement
 To partition off new toilet room about 4x6 beneath basement stairs, cutting in new window at least three square feet in area for ventilation. To put in new windows for ventilation of nurses' rest room and of kitchen.

To put in 8' non-bearing partition to provide storeroom in rear of basement.

First story - To remove about 6' of non-bearing closet partition and relocate door in rear room to enlarge same. To put in 15' non-bearing partition across bay window, west side, side to provide dark room, partitioning off end of bay window space to provide new table-tilting window for ventilation of same.

Second story - To put in new partitions in two front rooms to provide four patient rooms in place of two, removing two non-bearing partitions about 4' long and bearing partition about 8'6" long using 4x12 spruce, full size, for support of 3d floor above, as shown on plan. All partitions to be 2x1 studs 16" OC covered with sheetrock.

Approved: _____

P.40/298-1

April 29, 1943

Otis Elevator Co.,
435 Fore Street,
Portland, Maine

Gentlemen:

In connection with the supports of the proposed elevator which you are installing for the Osteopathic Hospital of Maine at 335 Brighton Avenue, a change is taking place in the location of one of the enclosing partitions of the elevator shaft which will make necessary a change in the bracing of the vertical channel on that side which gives stiffness to the guide rail and also apparently is intended to support a part of the load of the car.

I have not examined your detailed plans far enough to find out exactly how the original bracing was intended, but presumably this vertical channel was intended to be anchored to the wooden floor framing at each floor level. Obviously some other way of bracing this channel will be necessary, since the floor framing will be several inches or a foot from the channel.

Since your company is responsible for the safety of the elevator supports, I find it necessary to ask that you furnish details of the bracing of this channel and perhaps the other vertical channel opposite, to take care of this change in the location of the enclosing partitions and cutting back of the floor framing.

May we have this information promptly with the clear indication on the plan that details are either by Otis Elevator Company or checked and approved by that company?

Very truly yours,

WHD/H

Inspector of Buildings

CC: Brown Construction Co.
562 Congress Street

Osteopathic Hospital of Maine
c/o Dr. Harry Campbell
140 High Street



Original Permit No. ~~10/264~~ **REAPPROVED**
Amendment No. 1

AMENDMENT TO APPLICATION FOR PERMIT 29 1910

Portland, Maine, April 29, 1910

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for an amendment to Permit No. 10/264 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 335 Brighton Avenue Within Fire Limits? no D'st. No. _____
Owner's or Lessee's name and address Osteopathic Hospital of Maine, Dr. H. H. Campbell
Contractor's name and address Brown Construction Co., 562 Congress St. 2-2833
Plans filed as part of this Amendment? yes No. of Sheets 1
Is any plumbing work involved in this work? _____ Is any electrical work involved in this work? _____
Increased cost of work 100. Additional fee .25
Framing Lumber: Kind? _____ Dressed or Full Size? _____

Description of Proposed Work

To remove 5' section of existing 12" brick wall in basement, putting in 4-beam as per plan for support, this to enlarge hall space in front of new elevator shaftway

Approved:

Chief of Fire Department.

Commissioner of Public Works.

Osteopathic Hospital of Maine
By Brown Construction Co.
Signature of Owner [Signature]

Approved: 4/29/10 - [Signature]
Inspector of Buildings

INSPECTION COPY

4/23/40

On first floor tonight of rear of front hall, a 14' partition has been put across bay window to provide a dark room for microscope work. Foreman also says a 4x4 toilet room is to be provided. This will be inside & will require a vent.

R L



Original Permit No. 15/254
Amendment No. 3

AMENDMENT TO APPLICATION FOR PERMIT

Portland, Maine, April 25, 1940

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for an amendment to Permit No. 15/254, pertaining to the building or structure described in the original application in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location 335 Brighton Avenue Within Fire Limits? no Dist. No. _____
 Owner's name and address Osteopathic Hospital of Maine
 Contractor's name and address Brown Construction Co., 562 Congress Street
 Plans filed as part of this Amendment yes No. of Sheets 1
 Is any plumbing work involved in this work? _____ Is any electrical work involved in this work? _____
 Increased cost of work 340 Additional fee 25
 Framing Lumber: Kind? _____ Dressed or Full Size? _____

Description of Proposed Work

To rebuild existing rear entrance to basement, making one story enclosure 10' x 7 1/2' in place of present one 9' x 6', to provide stairway with ramp to basement concrete trench wall 10" at top and 12" at bottom, corner posts 4x4, sills 2x6, flat roof, 3" rise to foot, Asphalt roofing Class C Und. Lat., rafters 2x4, 2' 00" span

Approved: Clive A. Johnson
Chief of Fire Department.

Osteopathic Hospital of Maine
By Brown Construction Co.
Signature of Owner: Walter D. Brown

INSPECTION COPY Commissioner of Public Works.

Approved: 4/16/40 L. W. ...
Inspector of Buildings.

PERMIT ISSUED

Original Permit No. 40/264

Amendment No. 2 1940

AMENDMENT TO APPLICATION FOR PERMIT

Portland, Maine, April 4, 1940

INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for an amendment to Permit No. 40/264... pertaining to the building or structure covered by the original application in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location, 215 Brighton Ave. Within Fire Limits? No Dis No.

Owner's or Lessee's name and address, Osteopathic Hospital of Maine 112 High St.

Contractor's name and address, J. J. ...

Plans filed as part of this Amendment, No. of Sheets

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

Increased cost of work - 25. Additional fee - 25

Framing Lumber: Kind Dressed or Full Size?

Description of Proposed Work

- Relocate heating partition first floor moving it about 20". 2-2x12 header 1 1/2" open
To put in 8' opening in this partition using 4x6 header, first floor
To partition off one end of an existing patient room on second floor to provide utility room 6' x 14', removing existing closet partition in this room
To put in partition to divide existing office first floor into two rooms
To put in 8' non-heating partition to provide closet space in room, first floor (2x4 studs 16" OC, sheat rock

Approved: Chief of Fire Department.

Osteopathic Hospital of Maine Signature of Owner

Inspector of Buildings

Approved: Warren M. ... Inspector of Buildings

INSPECTION COPY



Memorandum from Department of Building Inspection, Portland, Maine
Osteopathic Hospital of Maine-555 Brighton Ave.-Brown Const. Co., Contrs. 5/30/40
Amendment No 1
P. No. 40/254

To Owner and Contractor:

There is not sufficient information with this application for amendment to tell whether or not elevator shaft enclosure complies or will comply with Building Code. The amendment is approved on the basis of complying with the Building Code requirement that the shaft including the machinery room is to be enclosed by partitions, ceilings and at floor construction by having at least one-hour fire resistance, all doors into the enclosure to be self-closing fire doors.

OO Osteopathic Hospital of Maine, care Dr. Campbell, 142 High St.

AJS: I have approved this construction over existing partitions as long as they use metal lath and plaster without combustible strapping.

(Signed) Warren McDonald
Inspector of Buildings



PERMIT ISSUED

Original Permit No. _____

Amendment No. 1 ISSUED

MAR 30 1940
AMENDMENT TO APPLICATION FOR PERMIT

Portland, Maine, MAR 29, 1940

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for an amendment to Permit No. 80/264 pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:

Location - 335 Brighton Avenue Within Fire Limits? no Dist. No. _____
 Owner's or Lessee's name and address Osseo, this Corp 1 of Maine, 142 High St.
 Contractor's name and address Brown Construction Co 362 Congress St. 2-3-193
 Plans filed as part of this Amendment specific No. of Sheets 3
 Is any plumbing work involved in this work? _____ any electrical work involved in this work? _____
 Increased cost of work 400. Additional fee 3.00
 Framing Lumber: Kind? _____ Dressed or Full Size? _____

Description of Proposed Work

To provide new elevator shaftway in existing center steel wall in building as per specifications

Approved:

Chief of Fire Department

Commissioner of Public Works.

INSPECTION COPY

Osteopathic Hospital of Maine
By Brown Construction Co.

Signature of Owner Carlton Wood

Approved: 3/30/40 mm
Inspector of Buildings

BROWN CONSTRUCTION CO.

GENERAL CONTRACTORS

502 CONGRESS STREET ROOM 524-525 BAXTER BLOCK
PORTLAND, MAINE

March 29, 1940

Mr. Warren McDonald
Inspector of Buildings
City of Portland
Portland, Maine

Dear Sir:

Regarding elevator shaft at the new Osteopathic Hospital, Brighton Ave., in the city, we submit the following description.

A nonbearing partition in the first floor present kitchen will have to be moved approximately two feet into the kitchen to make it come directly under the partitions above.

Partitions above the first floor will not have to be moved. On two sides of the shaft the plastering will be applied directly to metal lath applied over the present plaster with pencil rods in back of the lath and this portion will be plastered with cement plaster. All other walls of the shaft will be 2x4 studs flatwise with perforated lath both sides and plastered with gypsum plaster.

There will be a pit at the bottom of the shaft 3'-6" deep in the basement with a machine room 3'x4'x3' at one side of the shaft. The machine room is to be of the same construction as the shaft walls. The top of the shaft will extend to the under side of the roof and be covered with metal lath and cement plaster both sides.

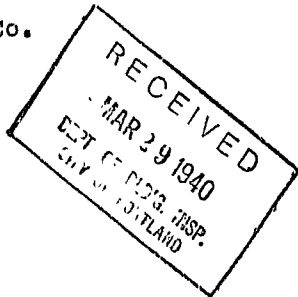
Very truly yours,

Brown Construction Co.

By *Martha B. Brown*
Treasurer

MB/g

Copy to Otis Elevator Co.



Building

Memorandum from Department of Building Inspection, Portland, Maine
335 Brighton Ave.--Osteopathic Hospital of Maine owner and contractor--5/23/40

To Owner:

This permit approved by Chief of Fire Department and issued with the understanding that the entire building is to be covered by a standard automatic sprinkler system.

Please note that a notice for inspection and certificate of readiness for closing in, to and from this department is required by law before any part of the work is lathed or otherwise covered from view. Owners acting as their own contractors, being unaware of these requirements, often fail to give such a notice which involves both owner and foreman.

Installation of cooking range, domestic hot water heater and elevator in this building require separate permits issuable only to installer. Installation of sprinkler system may be covered under amendment to this permit but must have plans filed with application bearing stamp of approval.

(Signed) Warren McDonald

Inspector of Buildings

New Eng. Ins. Exchange