



# APPLICATION FOR PERMIT

Permit No. 021Class of Building or Type of Structure Permit to AlterPortland, Maine, March 22, 1940

MAR 23 1940

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 355 Brighton Avenue Within Fire Limits? no Dist. No. \_\_\_\_\_Owner's or Lessee's name and address Osteopathic Hospital of Maine Telephone \_\_\_\_\_Contractor's name and address Dr. H. B. Campbell, 142 High St. Telephone 2-2065Architect \_\_\_\_\_ Plans filed no No. of sets \_\_\_\_\_Proposed use of building Hospital No. families \_\_\_\_\_

Other buildings on same lot \_\_\_\_\_

Estimated cost \$ 500. Fee \$ .75

### Description of Present \_\_\_\_\_ to be Altered

Material wood No. stories 3 Heat steam Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_Last use Hospital No. families \_\_\_\_\_

### General Description of New Work

- To use former laundry and unused room in basement for kitchen and nurses dining room
- To relocate stairway, first floor to basement from center of building to beneath stairs first to second story
- To enlarge hall doors on first floor to patient room (probably bearing partition)
- To remove nonbearing partition to use former kitchen and pantry for patient room, 1st floor
- To enlarge four doorways to patient rooms, 2d floor, and three doors on 3d floor
- To remove two non-bearing partitions to use two existing rooms on 3d floor for operating room

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.

### Details of New Work

Is any plumbing work involved in this work? \_\_\_\_\_

Is any electrical work involved in this work? yes Height average grade to top of plate \_\_\_\_\_

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_

To be erected on solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_

Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_ cellar \_\_\_\_\_

Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_

Kind of Roof \_\_\_\_\_ Rise per foot \_\_\_\_\_ Roof covering \_\_\_\_\_

No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_

Kind of heat \_\_\_\_\_ Type of fuel \_\_\_\_\_ Is gas fitting involved? \_\_\_\_\_

Framing Lumber—Kind \_\_\_\_\_ Dressed or Full Size? \_\_\_\_\_

Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_

Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

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

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

Maximum span: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, 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 \_\_\_\_\_

Total number commercial cars to be accommodated \_\_\_\_\_

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

### Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no

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

are observed? yesINSTRUCTION COPY \_\_\_\_\_ Signature of owner \_\_\_\_\_ Osteopathic Hospital of Maine

OFFICE OF THE INSPECTOR OF BUILDINGS

Permit No 40/264

Location 335 Brighton Ave

where Delempathic Hospital of

Date of permit 3/23/40

Notif. closing-in

Insp. closing-in

Final Notif

Final Ins. Pa. **NOTED**

Cert. of Occupancy issued

NOTES

3/23/40 - 1st floor

work - 1st floor

4/2/40

1st floor

2nd floor

3rd floor

4th floor

5th floor

6th floor

7th floor

8th floor

9th floor

10th floor

11th floor

12th floor

13th floor

14th floor

15th floor

16th floor

17th floor

18th floor

19th floor

20th floor

21st floor

22nd floor

23rd floor

24th floor

25th floor

26th floor

27th floor

28th floor

29th floor

30th floor

31st floor

32nd floor

33rd floor

File

S A

CITY OF PORTLAND, MAINE

DEPARTMENT OF BUILDING INSPECTION

Record of Inquiry

By telephone

Date 2/24/40

Location 335 Brighton Avenue

Made by Dr. Harry Campbell, 142 High Street - 2-2086

Inquiry - The Osteopathic Hospital has an option of Dr. Wescott's Sanatorium (he to take theirs in part trade) - they plan to install a complete sprinkler and an elevator. This elevator to be in the location of an existing outside wooden fire escape. He is anxious to know if a metal fire escape will be required if building is completely sprinklered so that they can put the estimate in their budget. He wishes a copy of Section 181.

3

Answer - 1. Would have you write him in regard to this

See letter - ~~mm~~ 2/27/40

2

3

Reply by

February 27, 1940

Dr. Harry Campbell,  
142 High Street,  
Portland, Maine

Dear Dr. Campbell:

Replying to your inquiry as to how the Zoning Ordinance and Building Code apply to use and alterations of Dr. Escott's Sanatorium at 355 Brighton Avenue, the property is located in a Single Residence -A Zone where a hospital use is a non-conforming use under the Ordinance, -- in other words the present use could not be newly established on the property except by successful appeal for a variance of the precise terms of the law to the Municipal Officers. Having existed at the time the law was adopted, the present use which is classified as a hospital may continue. Under the precise terms of the Zoning Ordinance, however, we are not allowed to issue a permit which would increase the volume of the building in any way. Such a matter is also a proper subject for appeal.

As regards Building Code requirements, new hospitals and additions to existing ones are required to be of first-class (commonly called fireproof) construction. Here again as long as alterations take place within the volume of the present building fireproof construction would not ordinarily be required, but probably by substantial addition to the present volume would require such a type of construction. As regards the fire escape, now of wood, the Fire Department has considerable to say about such matters under the State Law, but in my judgment if the present wooden outside stairway were to be eliminated, a new fire escape or means of egress would certainly be necessary and ought to be of non-burnable material.

We have had some inquiries about a new elevator and shaft. Such an elevator could not be counted as taking the place of a fire escape or as a means of egress in any way.

Apparently you desired a copy of Section 181 of the Building Code and a copy of it is attached.

No doubt any change that you may plan to make from your present establishment is of considerable importance. I always dislike to give information without written inquiry or a plan from the inquirer, because there is so likely to be an omission on the part of the inquirer or upon our part in answering, due to misunderstanding. Such misunderstandings or omissions can easily cause expenditures not originally contemplated.

Please feel free to call upon us further, if needed.

Very truly yours,

McD/W

Inspector of Buildings.



FILL IN COMPLETELY AND SIGN WITH INK

Steam PERMIT NO. 2010  
APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

Portland, Maine, November 21, 1935

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

Location 335 Brighton Ave. Use of Building Sanatorium

Name and address of owner Dr. C. P. Wescott, 335 Brighton Ave. City Portland Ward 8

Contractor's name and address Easternoil Inc. 135 Marginal Way Telephone 3-6495

General Description of Work

To install One Model B Easternoil Automatic Oil Burner without tank.

IF HEATER, POWER BOILER OR COOKING DEVICE

Is heater or source of heat to be in cellar? yes If not, which story \_\_\_\_\_ Kind of Fuel oil

Material of supports of heater or equipment (concrete floor or what kind) concrete

Minimum distance to wood or combustible material, from top of boiler or casing top of furnace, \_\_\_\_\_  
from top of smoke pipe \_\_\_\_\_, from front of heater \_\_\_\_\_ from sides or back of heater \_\_\_\_\_

Size of chimney flue \_\_\_\_\_ Other connections to same flue \_\_\_\_\_

IF OIL BURNER

Name and type of burner Easternoil-gun type Labeled and approved by Underwriters' Laboratories? yes

Will operator be always in attendance? no Type of oil feed (gravity or pressure) pressure

Location oil storage cellar No. and capacity of tanks 1-275 gal

Will all tanks be more than seven feet from any flame? yes How many tanks fireproofed? \_\_\_\_\_

Amount of fee enclosed? \$1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater in same building at same time.)

INSPECTION COPY

Signature of contractor W. Nichols  
By \_\_\_\_\_

EASTERNOIL INC.

NOTIFICATION BEFORE DASHING OR CLOSING IN IS WAIVED  
CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED



(S) SINGLE BUILDING PERMIT

### APPLICATION FOR PERMIT

PERMIT ISSUED  
Permit No. 5330  
APR 20 1929

Class of Building or Type of Structure Third Class

Portland, Maine, April 20, 1929

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 335 Brighton Avenue Ward 8 Within Fire Limits? No Dist. No. \_\_\_\_\_

Owner's or Lessee's name and address Dr. G. F. Wescott, 335 Brighton Ave. Telephone \_\_\_\_\_

Contractor's name and address A. R. Osgood, 346 Stevens Ave. Telephone 2786

Architect's name and address \_\_\_\_\_

Proposed use of building Sanatorium No. families \_\_\_\_\_

Other buildings on same lot garage

#### Description of Present Building to be Altered

Material wood No. stories \_\_\_\_\_ Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_

Last use Sanatorium No. families \_\_\_\_\_

#### General Description of New Work

To put roof over existing rear platform, 10' x 29'

RECEIVED OFFICE OF THE INSPECTOR OF BUILDINGS  
APR 20 1929

#### Details of New Work

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_

To be erected on solid or tilled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_

Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_

Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_

Kind of roof flat 4" to foot Roof covering Asphalt roofing Class C Und. Lab.

No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_

Kind of heat \_\_\_\_\_ Type of fuel \_\_\_\_\_ Distance, heater to chimney \_\_\_\_\_

If oil burner, name and model \_\_\_\_\_

Capacity and location of oil tanks \_\_\_\_\_

Is gas fitting involved? \_\_\_\_\_ Size of service \_\_\_\_\_

Corner posts 4x6 Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_

Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

Joists and rafters: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 2x6

On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof 2"

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 \_\_\_\_\_

Total number commercial cars to be accommodated \_\_\_\_\_

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

#### Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? NO

Plans filed as part of this application? yes No. sheets 1

Estimated cost \$ 125. Fee \$ .75

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

Dr. G. F. Wescott

Signature of owner

A. R. Osgood

INSPECTION COPY

5470





PERMIT ISSUED

Permit No. 6429  
MAR 30 1928

### APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, March 30, 1928

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 335 Brighton Avenue Ward 8 Within Fire Limits? No Dist. No. \_\_\_\_\_  
Owner's or Lessee's name and address Dr. C. P. Wendott, 335 Brighton Ave. Telephone \_\_\_\_\_  
Contractor's name and address A. R. Osgood, 346 Stevens Ave. Telephone 22705  
Architect's name and address \_\_\_\_\_  
Proposed use 2 car private garage No. families \_\_\_\_\_  
Other building same lot Sanatorium

#### Description of Present Building to be Altered

Material Wood No. stories 1 1/2 Height \_\_\_\_\_ Style of roof Pitch Roofing wood  
Last use stable used for storage of 2 automobiles No. families \_\_\_\_\_

#### General Description of New Work

To remove present door and cut in two double doors for entrance to garage

#### Details of New Work

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_  
To be erected on solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_  
Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_  
Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_  
Kind of roof \_\_\_\_\_ Roof covering \_\_\_\_\_  
No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_  
Kind of heat \_\_\_\_\_ Type of fuel \_\_\_\_\_ Distance, heater to chimney \_\_\_\_\_  
If oil burner, name and model \_\_\_\_\_  
Capacity and location of oil tanks \_\_\_\_\_  
Is gas fitting involved? \_\_\_\_\_ Size of service \_\_\_\_\_  
Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_  
Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section  
Joists and rafters: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
Maximum span: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
If one story building with masonry walls, thickness of walls? \_\_\_\_\_ height? \_\_\_\_\_

#### If a Garage

No. cars now accommodated on same lot no to be accommodated 2  
Total number commercial cars to be accommodated (2000)  
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? no

#### Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no  
Plans filed as part of this application? no No. sheets \_\_\_\_\_  
Estimated cost \$ 100. Fee \$ .50  
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

Dr. C. P. Wendott

Signature of owner By A. R. Osgood

APPROVED INSPECTION COPY

Oliver P. Sauborn

CHIEF OF FIRE DEPT.

6019



PERMIT ISSUED

Permit No. 1925

OCT 10 1927

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, October 8, 1927

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

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

Location 335 Brighton Avenue Ward 8 Within Fire Limits? No Dis. No. \_\_\_\_\_

Owner's or ~~Lessee's~~ name and address Dr. C. F. Wasscott, 335 Brighton Ave. Telephone \_\_\_\_\_

Contractor's name and address Malvo Sward Burner, 35 Pine St. Telephone 1886

Architect's name and address \_\_\_\_\_

Proposed use of building Sanatorium No. families \_\_\_\_\_

Other buildings on same lot Garage

Description of Present Building to be Altered

Material Wood No. stories 1 1/2 Heat Steam Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_

Last use Sanatorium No. families \_\_\_\_\_

General Description of New Work

To remove old and install new Oil Burner

NOTIFICATION BEFORE LATHING OR CLOSING-IN IS WAIVED.

CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED.

Details of New Work

Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_

To be erected on solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_

Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_

Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_

Kind of roof \_\_\_\_\_ Roof covering \_\_\_\_\_

No. of chimneys 2 Material of chimneys \_\_\_\_\_ oi lining \_\_\_\_\_

Kind of heat Steam Type of fuel Oil Distance, heater to chimney 5'

If oil burner, name and model no change in present tank

Capacity and location of oil tanks \_\_\_\_\_

Is gas fitting involved? \_\_\_\_\_ Size of service \_\_\_\_\_

Corner posts \_\_\_\_\_ Sills \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_

Material columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_

Studs (outside walls and carrying partitions) 2x4-16" O. C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.

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

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

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

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

1 Garage

No. cars now accommodated on same lot \_\_\_\_\_ to be accommodated \_\_\_\_\_

Total number commercial cars to be accommodated \_\_\_\_\_

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

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? No

Plans filed as part of this application? Yes No. sheets \_\_\_\_\_

Estimated cost \$ 850. Fee \$ 75

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

Signature of owner Dr. C. F. Wasscott

INSPECTION COPY

4901

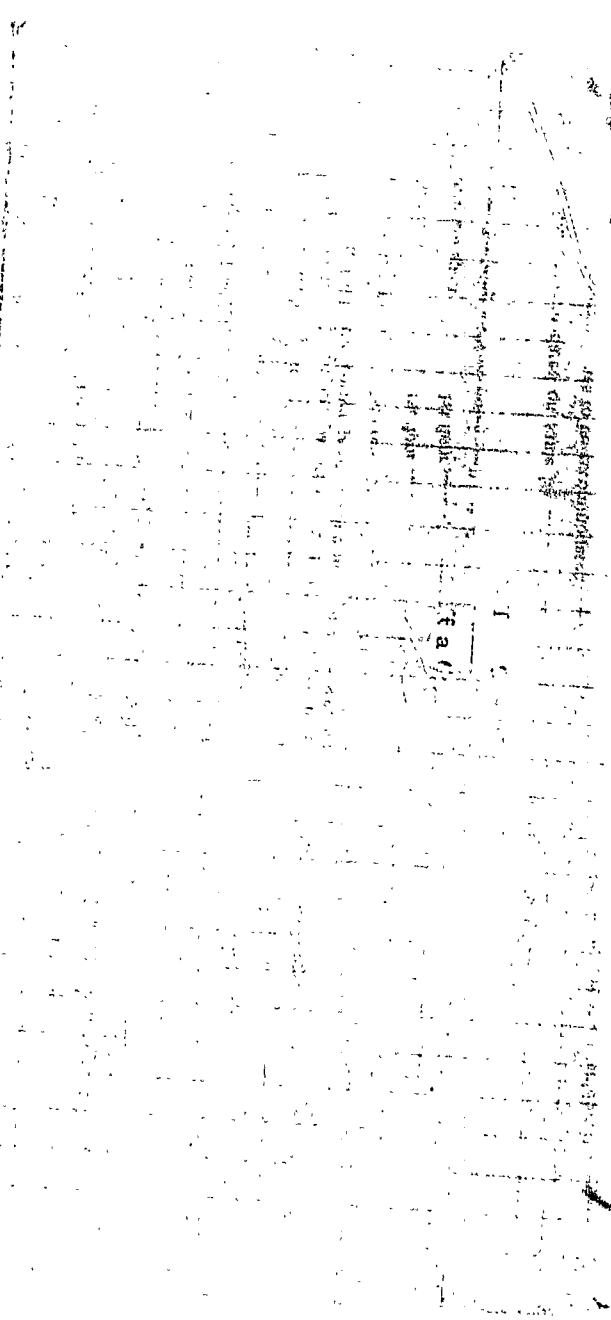


Ward 8 Permit No. 7/19-25-11  
 Locat'n 335 Brighton Ave  
 Owner D. C. P. Westcott  
 Date of permit Oct 10/27  
 Notif. closing-in  
 Inspn. closing-in  
 Final Notif.  
 Final Inspn.  
 Cert. of Occupancy issue

NOTES

1/25/30 - Saco oil burner installed. Two 500 gal tanks in basement fireproof and one auxiliary tank (295 gal) not fireproof. All fill pipes are not extended outside and only one small vent pipe for fireproof tanks and none for auxiliary tanks. A.J.S.

Section 2/5/30  
 2/27/30 - Fill pipes and vent pipe extended thru wall as per letter. - A.J.S.



27/1525

January 6, 1930

Dr. Clement P. Jescott  
335 Brighton Avenue  
Portland, Maine

Dear Dr. Jescott:

I am sorry to have delayed so long in answering your inquiry concerning your oil burner installation.

Under the building Code, you have a right to the storage of as much as 1500 gallons of fuel oil in your cellar. We find that the vent pipe which serves the two 300 gallon tanks is only one-half inch in size, and that the 275 gallon auxiliary tank is not vented at all. The building Code requires that the vent pipes of tanks of 1000 gallon capacity or less shall be no smaller than 3/4 inch pipe. You will doubtless connect the vent pipes of the two large tanks with the auxiliary tanks into one pipe. It is our opinion that this main vent pipe should be no less than one inch pipe. It should extend outside of the wall of the cellar, and be protected with an inverted elbow with a metal gauze or screen at the outlet to avoid possibility of the vent being clogged. This vent is very important on account of the possibility of even a small fire in your cellar which would likely have a disastrous result on unvented tanks, since there would be no relief for the expanding gases above the oil.

We also find that the pipes by means of which the tanks are filled terminate inside of the cellar. This, too, should be extended through the cellar wall, and provided with a cap.

The permit to install an oil burner in your cellar was issued on October 10, 1927, and it was our understanding that a Leco oil burner was to be installed under it. The burner you now have is a Leco, and from the fact that this burner is a comparatively recent one, having been approved by the Underwriters' only last October, it appears likely that the Leco burner has been installed since the original permit, and that without any permit. I realize fully that you have no knowledge of these requirements, and therefore, you are not at fault in any way with regard to any installations with or without a permit. However, we are taking this matter up with Mr. H. J. Higgins to whom the original permit was issued to see if he can throw any light upon the matter.

Sincerely yours,

Inspector of Buildings.

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



## Application for Permit for Alterations, etc.

Portland, Oregon, July 15, 1922

To the  
 INSPECTOR OF BUILDINGS:

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

Location 335 Brighton Avenue Ward 6 in fire-limits? no  
 Name of Owner or Lessee Dr. C. J. Prescott Address Danforth Street  
 " Contractor A. R. Osgood " 175 Beacon Street  
 " Architect .....

Description of Present Bldg.

Material of Building is wood Style of Roof, pitch Material of Roofing slate  
 Size of Building is 72ft feet long; 31ft feet wide. No. of Stories, 2 1/2  
 Cellar Wall is constructed of stone inches wide on bottom and batters to 12 inches on top.  
 Underpinning is brick inches thick; is 1 feet in height.  
 Height of Building 30ft Wall, if Brick; 1st, 2d, 3d, 4th, 5th  
 What was Building last used for? dwellling No. of Families? 1  
 What will Building now be used for? Sanitarium

### DETAIL OF PROPOSED WORK

Add one story to the building, make alterations in other building as per plans submitted, two continuous stairways, fire escape, all to comply with the building ordinance

Estimated Cost \$9,000.

### IF EXTENDED ON ANY SIDE

Size of Extension, No. of feet long? ; No. of feet wide? ; No. of feet high above sidewalk?  
 No. of Stories high? ; Style of Roof? ; Material of Roofing?  
 Of what material will the Extension be built? Foundation?  
 If of Brick, what will be the thickness of External Walls? inches, and Party Walls... inches.  
 How will the extension be occupied? How connected with Main Building?

### WHEN MOVED, RAISED OR BUILT UPON

No. of Stories in height when Moved, Raised, or Built upon? Proposed Foundations...  
 No. of feet high from level of ground to highest part of Roof to be? Party Walls...  
 How many feet will the External Walls be increased in height?

### IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED

Will an opening be made in the Party or External Walls? in ... Story.  
 Size of the opening? How protected?  
 How will the remaining portion of the wall be supported?

Signature of Owner or Authorized Representative A. R. Osgood  
 Address 175 Beacon Street

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 325 Brighton Ave.

Issued to Brighton Medical Center

Date of Issue 3/15/93

This is to certify that the building, premise, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 02/4332, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

third floor

operating room #5

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

3/15/93

(Date)

Inspector

Inspector of Buildings

Notice: This certificate is for limited use of building or premises, and right to be transferred from owner to another property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 335 Brighton Ave.

Issued to Brighton Medical Center

Date of Issue 2/22/93

This is to certify that the building, premises, or part thereof, at the above location, built -- altered -- changed as to use under Building Permit No. 92/4332, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Second floor

office space- hospital

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

2/22/93

(Date)

*C. Rowe*  
Inspector

*Mary Schmidt*  
Inspector of Buildings

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



924332

121-C-2-thru-9

Permit # 924332 City of Portland BUILDING PERMIT APPLICATION Fee 756.58 Zone 58 Map #            Lot#           

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

Owner: Brighton Medical Center Phone # 879-3125

Address: 335 Brighton Ave- Ptld, ME 04102

LOCATION OF CONSTRUCTION 335 Brighton Ave.

Contractor: Murray Construction Sub: 799-8136

Address: Box 2530; South Ptld, ME 04116

Est. Construction Cost: 147,000 Proposed Use: hosp w inter Past Use: hosp

# of Existing Res. Units            # of New Res. Units 121-C-9

Building Dimensions L            W            To' Sq. Ft. 121-C-6

# Stories:            # Bedrooms            Lot Size:           

Is Proposed Use: Seasonal            Condominium            Conversion           

Explain Conversion Interior renovations - 2nd fl (Resp Thera)

**For Official Use Only**

Date 11/5/92

Inside Fire Limits           

Blag Code           

Time Limit           

Estimated Cost 47,000

Subdivision Name           

Lot           

Ownership           

**PERMIT ISSUED**  
NOV 18 1992  
CITY OF PORTLAND

Zoning: R3

Street Frontage Provided:            Back            Side            Side           

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)           

**Foundation:**

1. Type of Soil:            Rear            Side(s)           

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:            Spacing 16" O.C.

4. Joists Size:            Size:           

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            Yes            No           

5. Bracing:           

6. Corner Posts Size            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           

**Historic Preservation**

Not in District nor Landmark

1. Ceiling Joist Size:            Spacing             Does not require review.

2. Ceiling Strapping Size            Spacing             Requires Review

3. Type Ceilings:            Size             Approved

4. Insulation Type             Approved with Conditions

5. Ceiling Height:             Approved

**Roof:**

1. Truss or Rafter Size            Span           

2. Sheathing Type            Size           

3. Roof Covering Type            Date:           

**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:            x            Square Footage           

2. Pool Size:           

3. Must conform to National Electrical Code and State Law.

Permit Received By            Chase            Date           

Signature of Applicant           

CEO's District           

**PERMIT ISSUED WITH LETTER**

**PERMIT ISSUED WITH LETTER**

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO

White - Tax Assessor

PLOT PLAN

*CJO for  
O.R. #5 - 3rd floor*



Fees (Breakdown From Front)

Base Fee \$ 756.58

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

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

COMMENTS *CJO. AR. 2nd floor only.* 2/22/93

**CERTIFICATION**

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

*[Signature]* ADDRESS \_\_\_\_\_ PHONE NO. 799-9136

SIGNATURE OF APPLICANT \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_

Inspection Services  
Samuel P. Hoffes  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

November 17, 1992

Murray Construction Co.  
Box 2530  
So. Portland, ME 04102

Re: 335 Brighton Ave

Dear Sir,

Your application to make interior renovations (2nd fl/Respiratory Therapy, 3rd fl/Pulmonary Medicine/OR) has been reviewed and a permit is herewith issued subject to the following requirements:

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

1. Floor level and directional signs shall be installed in stairwells as per section 5-2.2.6.6.
2. Exit signs shall be directional as necessary
3. Contractor must clarify 2 hour fire separation between occupancies.
4. Smoke detectors shall be installed in stairways and electrical room.
5. Plumbing and electrical permits must be obtained.

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

Sincerely,

A handwritten signature in dark ink, appearing to read "S. Hoffes", written over a horizontal line.

S. P. Hoffes  
Chief of Inspection Services

cc: LT W. Garroway, Fire Prevention Bureau

**PLUMBING APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: **Portland**

Street: **Brighton Medical Center**

Subdivision Lot #: **Brighton Avenue # 333**

**PROPERTY OWNERS NAME**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: **The Blake Co.**

Mailing Address of Owner/Applicant (If Different): **P.O. Box 831  
Portland, Maine 04104**

PORTLAND 4645 TOWN COPY

DATE: 2-11-93 FEE: \$1,494  Double Fee Charged

L.P.I. # 011241

Chief Plumbing Inspector

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that my falsification is responsible for the Plumbing Inspector to deny the permit.

Signature of Owner/Applicant: [Signature] Date: 1-16-93

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: Arthur Rowe Date Approved: 2-2-93

**PERMIT INFORMATION**

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY: <u>Hospital</u>	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>011511</u>
--	--	---

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	7	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain	3	Wash Basin
			Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		1	<del>Water</del> Sterilizer		Garbage Disposal
		1	<del>Water</del> Eyewash		Laundry Tub
	Hook-Ups (Subtotal)	1	Other: <u>Scrub Station</u>		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	1, 2	Fixtures (Subtotal) Column 1
				3	Fixtures (Subtotal) Column 2
				1, 5	Total Fixtures
				\$ 40	Fixture Fee
				\$	Hook-Up Fee
				\$ 40	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



930128

Permit # 930128 City of Portland BUILDING PERMIT APPLICATION Fee \$70 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form. §

Owner: Brighton Medical Ctr Phone # 879-8030  
Address: 335 Brighton Ave- Ptld, ME 04102  
LOCATION OF CONSTRUCTION 335 Brighton Ave.  
Contractor: Murray Const. CO Sub: 799-8136  
Address: Box 2430- So Ptld, ME Phone # 04116  
Est. Construction Cost: 10,000 Proposed Use: hosp w intr renov  
Past Use: hosp  
# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion interior renovations - pre/admission area  
- ground floor - Ceiling:

**For Official Use Only**  
Date 2/12/93 Subdivision: \_\_\_\_\_  
Inside Fire Limits \_\_\_\_\_ Name: FEB 22 1993  
Bldg Code \_\_\_\_\_ Lot: \_\_\_\_\_  
Time Permit \_\_\_\_\_ Ownership: Public \_\_\_\_\_ Private \_\_\_\_\_  
Estimated Cost: 10,000  
Zoning: Street Frontage Provided: \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other: WDA 2-16-93

**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 \_\_\_\_\_

- HISTORIC PRESERVATION**
- 1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  Not in District nor Landmark.
  - 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  Does not require review.
  - 3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_  Requires review.
  - 4. Insulation Type \_\_\_\_\_
  - 5. Ceiling Height: \_\_\_\_\_
- Roof:**
- 1. Truss or Rafters Size \_\_\_\_\_ Span \_\_\_\_\_ Action:  Approved
  - 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  Approved with conditions.
  - 3. Roof Covering Type \_\_\_\_\_
- 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. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
  - 3. Must conform to National Electrical Code and State Code \_\_\_\_\_

Permit Received by Louise  
Signature of Applicant Dwayne Robinson  
Signature of CEO \_\_\_\_\_  
Date 2/12/93

**PERMIT ISSUED WITH LETTER**  
**PERMIT ISSUED WITH LETTER**  
Date 2/12/93



934570

Permit # 934570 City of Portland BUILDING PERMIT APPLICATION Fee \$50 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Brighton Medical Ctr Phone # 879-8030  
Address: 331 Brighton Ave- Ptld, ME 04102  
LOCATION OF CONSTRUCTION 335 Brighton Ave.- basement level  
Contractor: Murray Sonst. Sub.: 799-8136  
Address: Box 2530- So Ptld, ME Phone # 04106  
Est. Construction Cost: 6000 Proposed Use: hosp w intr renov  
Past Use: hosp  
# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimension: L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion const masonry wall

**For Official Use Only**  
Date 2/12/93 Subdivision: FEB 16 1993  
Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
Time Limit \_\_\_\_\_ Ownership: CITY OF PORTLAND  
Estimated Cost: 6000  
Zoning: Street Frontage Provided: \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exemption \_\_\_\_\_  
Other (Explain) W.D. 2-16-93

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

**Floor:** Sills must be anchored.  
1. Sills Size: \_\_\_\_\_  
2. Girder Size: \_\_\_\_\_ Size: \_\_\_\_\_  
3. Lally Column Spacing: \_\_\_\_\_ Spacing 16" O.C.  
4. Joists Size: \_\_\_\_\_ Size: \_\_\_\_\_  
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
6. Floor Sheathing Type: \_\_\_\_\_  
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 \_\_\_\_\_ Size \_\_\_\_\_  
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
8. Sheathing Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
9. Siding Type \_\_\_\_\_  
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: \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Ceiling Strapping Size \_\_\_\_\_  
3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_  
4. Insulation Type \_\_\_\_\_  
5. Ceiling Height: \_\_\_\_\_  
**HISTORIC PRESERVATION**  
 Not in District nor landmark.  
 Does not require review.  
 Requires Review.

**Roof:**  
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_  
Action: Approved.  
Approved with Conditions

**Chimneys:** Type: \_\_\_\_\_ Number of Fire Places: 2  
Signature: [Signature]

**Heating:** Type of Heat: \_\_\_\_\_

**Electrical:** Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:** Yes \_\_\_\_\_ No \_\_\_\_\_  
1. Approval of soil test if required \_\_\_\_\_  
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.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date 2/12/93

Signature of CEO Dwayne Robinson Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

White Tax Assessor Yellow-GPCOG White Tag -CEO [5] © Copyright GPCOG 1988

*no yellow copy*

**PLUMBING APPLICATION**

**PROPERTY ADDRESS**  
Town Or Plantation: Portland  
Street: Brighton Ave  
Subdivision Lot #: 335 Brighton Ave

**PROPERTY OWNERS NAME**  
Last: Brighton Medical Center  
First: (Rm 137)

**Applicant Name:** The Plab Co.  
**Mailing Address of Owner/Applicant (if Different):** Portland, ME 04102

**Owner/Applicant Statement**  
I certify that the information submitted is correct to the best of my knowledge and understand that falsification is cause for the local health department to deny a permit.  
The Plab Co. Dec 2-93  
Signature of Owner/Applicant Date

PORTLAND PERMIT # 4713 STATE COPY  
Date Permit Issued: 12-11-93 \$ 1161.71 FEE  Double Fee Charged  
L.P.L.# 011241

**Caution: Inspection Required**  
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.  
A. Howe 6 5/14/93  
Local Plumbing Inspector Signature Date

**PERMIT INFORMATION**

This Application is for:  
1.  NEW PLUMBING  
2.  RELOCATED PLUMBING

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

Plumbing To Be Installed By:  
1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER  
LICENSE # 015111

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb, Sillcock	0.1	Bathtub (and Shower) <i>Showered</i>
			Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toile)
			Water Treatment Softener, Filter, etc.		Cl. Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease-Oil Separator		Dish Washer
			Heater Chiller		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other:		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	0.1	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
				0.1	Total Fixtures
				\$6.00	Fixture Fee
				\$	Hook-Up Fee
				\$6.00	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

913176

Permit # \_\_\_\_\_ City of \_\_\_\_\_ BUILDING PERMIT APPLICATION Fee \_\_\_\_\_ Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Brighton Medical Center Phone # 379-8100  
Address: 355 Brighton Ave

LOCATION OF CONSTRUCTION 355 Brighton Ave

Contractor: Murray Construction Sub: \_\_\_\_\_  
Address: POB 2530 So. Blvd 0410 Phone # 799-8136

Est. Construction Cost: \$2,000.00 Proposed Use: Comm./wh. re. and cat. Zoning: R-5  
Past Use: Comm-hospital

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion: Make interior renovations and put up canopy

**PERMIT ISSUED**

**For Official Use Only:**

Date: October 16, 1991  
Subdivision: \_\_\_\_\_  
Name: OCT 22 1991  
Lot: \_\_\_\_\_  
Ownership: CITY OF PORTLAND  
Estimated Cost: \_\_\_\_\_  
Street Frontage Provided: \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other: (Explain) \_\_\_\_\_

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

**Floor:**  
1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
2. Girder Size: \_\_\_\_\_  
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
4. Joists Size: \_\_\_\_\_ Spacing 16" C.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 \_\_\_\_\_

White - Tax Assessor

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

**Roof:**  
1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_

**Chimney:**  
Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

**Heating:**  
Type of Heat: \_\_\_\_\_

**Electrical:**  
Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Permit Received By: Mary Crisik  
Signature of Applicant: \_\_\_\_\_  
CEO's District: 6  
CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO [5] Mr. Mitchell

**PERMIT ISSUED WITH LETTER**  
Date: Oct 16, 1991

PLOT PLAN



FEEs (Breakdown From Front)

Base Fee \$ \_\_\_\_\_

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

Inspection Record		Type	Date
_____	_____	Completed	4, 14, 93
_____	_____	Approved	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS

CERTIFICATION

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

Thomas A. Herbert ADDRESS \_\_\_\_\_ PHONE NO. 799-8136

SIGNATURE OF APPLICANT

Thomas A. Herbert PROJ. MGR. PHONE NO. 799-8136

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

October 22, 1991

Murray Construction Co.  
P O Box 2530  
South Portland, ME 04106

re: 335 Brighton Ave.


Dear Sir:

Your application to make interior renovations and erect a canopy has been reviewed, and a permit is herewith issued subject to the following requirements:

1. Stair construction shall be in accordance with Section 817.0 of the 1990 BOCA Building Code.
2. Handrails and guards shall be constructed in accordance with Section 824 (guards) and Section 825.0 (handrails).
3. The proposed canopy must be able to sustain a roof live load of 50 p/s/f.
4. If any changes in fire suppression or alarm system are made, the Fire Department must give approval.

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

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

cc: Lt. Garroway, P.F.D.



NOTES

3-20-59 Mr. Miller to phone when in To cut holes in spare time next month. (AP)

7-29-59 Completed all OK (MPC)

N

Permit No. 571 1877

Location 337 13th St. N.W.

Date of permit 5/20/59

Notif. closing-in 5/20/59

Inspn. closing-in 5/20/59

Final Notif. 5/20/59

Final Inspn. 5/20/59

Cert. of Occupancy Issued

Staking Out Notice

Form Check Notice

INSPECTION COPY



Class of Building

RESIDENCE ZONE  
FOR PERMIT

330  
Portland, Maine, August 5, 1958

PERMIT ISSUED  
01019  
AUG 7 1958  
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 Avenue 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 Pettengill Ross Co., 57 Cross St. Telephone 2-6223  
Architect \_\_\_\_\_ Specifications \_\_\_\_\_ Plans yes No. of sheets 1  
Proposed use of building Hospital No. families \_\_\_\_\_  
Last use \_\_\_\_\_ " \_\_\_\_\_ No. families \_\_\_\_\_  
Material brick No. stories 2 Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_  
Other buildings on same lot \_\_\_\_\_ Fee \$ 2.00  
Estimated cost \$ \_\_\_\_\_

General Description of New Work

To install ventilation system for boiler room as per plan

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 Pettengill-Ross Co.

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 \_\_\_\_\_  
Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_  
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 \_\_\_\_\_  
Kind and thickness of outside sheathing of exterior walls? \_\_\_\_\_  
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? \_\_\_\_\_

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  
Pettengill-Ross Co.

APPROVED:

OK 8/6/58 ags

INSPECTION COPY

Signature of owner

By

Emmett Pettengill

PH

NOTES

8-18-58 Not started  
8-29-58 Hole started  
three boiler room  
roof 7 need of fire  
damper - To call Sears.

9-8-58 Fire Damper in  
No more done

9-24-58 Completed

PERMITS

or Type of S

Agency issued

date

no. closing-in

date closing-in

name of permittee

address

city

state

58 / 1019  
335  
Theophrastus Hospital  
7  
Sears  
9-23  
Sears  
9-24

✓

(COPY)



CITY OF PORTLAND, MAINE  
Department of Building Inspection

### Certificate of Occupancy

LOCATION #335 Brighton Ave.

Issued to Osteopathic Hospital of Maine Inc.

Date of Issue April 23, 1958

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 56/1458, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES  
"T" section addition at rear of former  
new wing and reconstructed front portion of  
original building.

APPROVED OCCUPANCY  
Type A Hospital

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

(Date) Nelson F. Cartwright  
Inspector

Warren D. [Signature]  
Inspector of Buildings

CS 147

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



# APPLICATION FOR PERMIT

Class of Building or Type of Structure \_\_\_\_\_

Portland, Maine, Sept. 11, 1956

01458  
SEP 11 1956  
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to ~~erect~~ alter ~~repair~~ ~~rebuild~~ the following building ~~structure~~ ~~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? no 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 Paul B. McLellan Co., 52 Marginal Way Telephone 2-5951  
 Architect \_\_\_\_\_ Specifications \_\_\_\_\_ Plans yes No. of sheets 59  
 Proposed use of building hospital No. families \_\_\_\_\_  
 Last use \_\_\_\_\_ No. families \_\_\_\_\_  
 Material \_\_\_\_\_ No. stories 3 Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_  
 Other buildings on same lot \_\_\_\_\_  
 Estimated cost \$ 500,000. Fee \$ 150.00

### General Description of New Work

To construct exterior masonry walls; erect structural steel, including steel joints, but excluding fireproofing for the present; To construct floor and roof framing and structural slabs and underfloor and under roof construction, excluding penthouse; To construct walls of elevator shaftway enclosure, and adjust wall between present wing and new part, but excluding all interior walls and partitions and ceilings for the present; also excluding all work on standpipe and hose system. All of the above applies to that part of building adjacent to present wing, and work in connection with altering original building is excluded.

Advance permit for excavation only issued.  
 Advance permit for portions of foundation only issued 7/20/56.

appeal sustained 3/16/56

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 Paul B. McLellan Co.**

### 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 \_\_\_\_\_  
 Material of underpinning \_\_\_\_\_ Height \_\_\_\_\_ Thickness \_\_\_\_\_  
 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 \_\_\_\_\_ Girt or ledger board? \_\_\_\_\_ Size \_\_\_\_\_  
 Girders \_\_\_\_\_ Size \_\_\_\_\_ Columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.  
 Joists and rafters: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
 On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
 Maximum span: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
 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? \_\_\_\_\_

### 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

APPROVED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Osteopathic Hospital of Maine, Inc.  
Paul B. McLellan Co.

Signature of owner by: \_\_\_\_\_

*Paul B. McLellan* Engineer

INSPECTION COPY



NOTE.

9-17-56 Foundation completed. Exc. ht rear wall section  
 2 right hand 1st floor slab sections poured.  
 9-25-56 Rear wall & inside footings poured.  
 10-2-56 Lally cols ready to go in.  
 10-16-56 Checked over 10" WF Beams resting on window lintels with Frank Murphy  
 11-5-56 Existing floor pans of hall floors 1st & 2nd floors short of resting on new joining steel beams.  
 11-16-56 Heavy lintels on 1st & 2nd floors (2) on each floor have no bearing plates.  
 11-29-56 Using solid 2" x 2" steel plate spacers between bolted channels on all floor levels joining new & old Bldgs.  
 12-12-56 Went over steel erection - found missing bolts welds & spacers bolts not tight Mr Murphy to have steel erectors go over entire job then if for another action.  
 When checking steel erection triple check wall bearing

Permit No. 561458  
 Location 335 Franklin Ave  
 Owner State Hospital  
 Date of permit 11/11/56  
 Notif. closing-in  
 Inspn. closing-in  
 Final Notif.  
 Final Inspn.  
 Cert. of Occupancy issued 4/23/58 WK  
 Staking Our Notice  
 Form Check Notice

plate 2nd floor over corner boiler room  
 1-11-57 better W.M.A.  
 1-15-57 Incinerator in operation. Conc. slab & fire proof 1st floor beam and now placed temporary fire door installed as out swinging fire door can't be hung.  
 2-8-57 Phone Mr Wheaton Door Jamb # 232 to close to kitchen chest. Above moved.  
 2-19-57 Floors wall floors now set.  
 3-12-56 lally colar not fireproofed between ceiling & conc. floor slab.  
 3-13-57 First floor ready for closing except over fire shutter & fire wall.  
 3-13-57 better W.M.A.  
 3-18-57 Not done.  
 3-29-57 OK to close in third floor operating rooms etc.  
 4-15-57 2nd floor fire wall partition OK above ceiling next to fire shutter.  
 4-29-57 Fire wall 2nd floor has been pierced by pipes in oversize holes section overhead bet Elev. & right wall

INSPECTION COPY

Location 335 Brighton Ave

Complaint No. \_\_\_\_\_

Permit No. 56/1452

May 1-57 O.K. to close in 2nd floor. <u>OP</u>	11-18-57 Bldg Framed out & floor slabs being poured. Waiting for elec. service to close in New Front. <u>OP</u>
5-13-57 O.K. to close in first floor fire wall O.K. between ceiling & slab. <u>OP</u>	11-26-57 O.K. to close in third floor of new front addition. <u>OP</u>
5-29-57 O.K. to close in ground floor-basement. <u>OP</u>	12-3-57 O.K. to close in 1st floor of front addition. <u>OP</u>
7-2-57 Went over exit lights with Director Blin Lumsden & Geo. Wheaton. Need exit signs 2nd & 3rd floors middle of corridors where drop ceilings occur. <u>OP</u>	12-5-57 O.K. to close in 2nd floor front addition. <u>OP</u>
7-25-57 Temp. wooden stairway 44" wide to be provided at 2nd floor level to patio over boiler room. white old wooden front being removed. <u>OP</u>	12-16-57 O.K. to close in basement & use double plaster under top two risers cutting thru fire wall of stairs up from basement. <u>OP</u>
8-9-57 Door changed on Temp. Emer Exit stairs from 2nd floor. <u>OP</u>	1-20-58 Nearly ready for final. Exit lights ready to go on. Boiler room door needs closer - put on Incinerator room wall to be finished - back cover. <u>OP</u>
9-9-57 Work started on basement of new part of old wooden front slab under 12" fire wall O.K. To fire proof over Basement fire door some how around pipes. <u>OP</u>	2-4-58 Fire escape moved over rear loading door needs footings under stair landing & 1 column. Vent in incinerator room. Exit signs in front stairwell. Replace fire doors. <u>OP</u>
	4-15-58 All c. listed. <u>OP</u>

OK  
mml

OK

OK

OK

X  
mml



R3 RESIDENCE ZONE

# APPLICATION FOR PERMIT

PERMIT ISSUED

00183

FEB 27 1958

Class of Building or Type of Structure 1st Class

Portland, Maine, February 28, 1958

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 Avenue 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 owners Telephone         

Architect          Specifications          Plans yes No. of sheets 1

Proposed use of building Hospital No. families         

Last use          No. families         

Material masonry          No. stories 4 Heat          Style of roof          Roofing         

Other building on same lot         

Estimated cost \$ 125 Fee \$ 2.00

### General Description of New Work

To erect 8" concrete block partitions in basement for toilet rooms and storage space as per plan or to use metal studs and perforated gypsum lath and plaster

Toilots to be vented into louvre through outside wall - forced ventilation

Sprinkler system to be extended to cover this area

SEE LOCATION OF THIS WORK SEE SHEET #2 OF GENERAL CONSTRUCTION PLANS

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?  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         

Material of underpinning          Height          Thickness         

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         

Kind and thickness of outside sheathing of exterior walls?         

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:

*O.N. 2/27/58 AGS*

### 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

INSPECTION COPY

Signature of owner By:

*C. Campbell*

214

NOTES

3-10-58 Conc. block  
toilet walls going in (11)

4-23-59 Completed  
vents in (11)

✓

Permit No. 58/183

Location 335 131st Ave.

Owner DeWitt & Co. Inc.

Date of permit 8/22/58

Exp. closing-in

Exp. closing-in

Fin. off.

Final Inspr

Cert. of Occupancy issued

Staking Out Notice

Form Check Notice



# APPLICATION FOR PERMIT

Class of Building or Type of Structure... Third Class

Portland, Maine, March 20, 1958

PERMIT ISSUED

00257

MAR 21 1958

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? no Dist. No. ....

Owner's name and address Osteopathic Hospital of Maine, 335 Brighton Ave. Telephone .....

Lessee's name and address .....

Contractor's name and address Carroll Miller, 335 Brighton Ave. Telephone 4-3921

Architect .....

Specifications .....

Plans no. .... No. of sheets .....

Proposed use of building Hospital No. families .....

Last use " No. families .....

Material Frame No. stories 3 Heat .....

Style of roof .....

Roofing .....

Other building on same lot .....

Estimated cost \$ 100.00 Fee \$ .50

### General Description of New Work

To erect (2) non-bearing partitions one 12' long -the other 14' long in basement. Covered with sheetrock 2x4 studs.

*THIS WORK IS IN WOOD FRAME PORTION 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? ..... 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 .....

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

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 ..... Girt or ledger board? ..... Size .....

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

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

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

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

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

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.N. 3/21/58/agg*

### Miscellaneous

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

Will there be in charge of the above work a person who has been licensed by the State and City requirements? yes

Signature of Osteopathic Hospital of Maine

Signature of .....



NOTES

14-23-58 Completed  
sprinkler heads OK  
Date

X

Permit No. 58/257  
Location 335 Brighton Ave.  
Owner Detroit Electric Supply of Maine  
Date of permit 3/21/58  
Notif. closing-in \_\_\_\_\_  
Inspn. closing-in \_\_\_\_\_  
Final Notif. \_\_\_\_\_  
Final Inspn. \_\_\_\_\_  
Cert. of Occupancy issued \_\_\_\_\_  
Sinking Out Notice \_\_\_\_\_  
Form Check Notif. e \_\_\_\_\_

January 22, 1958

AP = 335 Brighton Avenue

Moguler & Jones Company  
33 Pearl Street  
Osteopathic Hospital of Maine  
335 Brighton Avenue

Gentlemen:

Permit for extension of fire escape on rear of wood frame portion of hospital at the above named location is issued herewith based on plan filed with application for permit and subject to condition that concrete foundation extending at least four feet below grade or to ledge if that is found at a lesser depth is to be provided for bottom of lower run of stairs as indicated on plan.

Very truly yours,

Albert J. Sears  
Deputy Inspector of Buildings

AJS:M