

October 12, 1950

Section requires white lights in all means of egress to be burning at all times. Means of egress would otherwise be in darkness, and this would include passageways in the basement of existing building required as a means of egress, all exterior doors required as a means of egress or ingress and sufficient lighting on new balconies and outside stairs so that all persons will know how to reach and use the stairs from second floor to the ground. According to Section 209e11 all new stair treads, whether in old or new building, require non-slip surfaces.

9. Probably all door hardware is by "allowance", and types not yet selected. Any rate please note the provisions of Section 209e12 which stipulate the equivalent of the vestibule lockset on all doors required as a means of egress. Where double doors are used in two or three locations in the basement are used with each door less than 3' wide, difficulty is often encountered because the so-called "standing" door cannot have the common top and bottom bolts and comply with this section unless the bolts are operative by a crash bar clear across the door. After the job is underway it would be well to give us a specification of this door hardware before it is actually ordered.

10. There is to be no step-down other than the height of the usual threshold under the outward swing of any of the office or entrance doors. The 6" step-down indicated outside of front and end doors of basement wing is too much. A masonry platform may be constructed outside of these doors at the same level as the basement floor, to extend at least 9" beyond the door jamb on either side and to be at least as deep as the door is wide. If desired to avoid building the foundation of the platform 4' below the surface of the ground or to ledge, no objection will be raised to bearing the platform on the ground like a sidewalk slab, if the slab is insulated from the building wall so that frost action will not do damage to it or the building. Risers of all new stairs are not to exceed a height of 8 1/2" and treads are to be no less than 9".

11. Section 209f2 requires a Class C, labelled, self-closing fire door in the new opening to dumbwaiter shaft from basement of existing building. The self-closing requirement that the door be normally in the closed position has not been found to work very well in practice, but a self-closing door which may be held open on occasion by a device which has a fusible element in it has been acceptable.

12. The Class B fire door at entrance to boiler room as indicated in the specifications is sufficient protection instead of the Class A door shown on the plans, if the door carries the Underwriter's label and is set in a structural metal frame.

13. Is there to be any room for the storage of flammable film? If so, it should be enclosed with one-hour fire resistive partitions and a labelled, Class C, self-closing fire door provided at the entrance to the room, and adequate ventilation of the room provided separate from any other ventilation system in the building. If there are to be any rooms used for similar hazardous storage or operations, they should be treated likewise. Presumably the hospital has now a private fire alarm box connected to the City alarm system. Whether or not the existing building has a private fire alarm system, the entire enlarged hospital will require such a system to the approval of the Chief of the Fire Department.

The enlarged hospital will come of course under the control of the State Department of Health and Welfare, and I understand that our own Fire Department performs the safety inspections for that State Department. We in this department are checking the proposition against Building Code requirements only. In order that there may be no conflict and misunderstanding as to the total requirements, it is recommended that you contact the Chief of the Fire Department immediately not only with regard to the matter of private fire alarm but all other features of safety and means of egress which might have an effect on the approval of the State Department.

C. Saunders

October 12, 1950

In this connection, I have found no indication on plans or in specifications that the new wing is to be equipped with an automatic sprinkler system, but I have the impression that one is intended. The Building Code does not actually require an automatic sprinkler system in the wing, but one is strongly recommended anyway at least in the corridors, laboratories and kindred rooms in the wing where a fire would be more likely to start and gain considerable headway. The wing of the Mercy Hospital requires a sprinkler system and because of other considerations they are now sprinklering the entire building, but omitting sprinkler heads in patients' rooms, wards, or other spaces where patients are treated--this on the basis that the remote but ever possible accidental discharge of a sprinkler head could be disastrous in spaces where persons are being treated or are bedridden.

At any rate sprinkler heads will require adjustment in the present building where changes are to be made and a separate permit from this department is required for that adjustment as well as any new system installed, application to be made by and permit issuable only to the actual installer, and plans of the changes or system bearing stamp of approval of New England Fire Insurance Rating Association or some equivalent authority to be filed with the application.

14. The Code considers a chemical laboratory as a hazardous room. If you believe the laboratory in the basement will not be hazardous, please give us the supporting reasons. If it is hazardous, the door from the corridor is required to be a labelled Class C fire door, self-closing, set in structural metal frame. Any other rooms intended to be used for storage of explosive anesthetics such as ether, require similar treatment.

15. As I understand it stairways from basement to first floor and from second to third floor of existing building are to be changed in location and left without fire resistive enclosure as at present. In the case of relocation of substandard stairways it has been our practice to accept them in the new location with the substandard features unless the change obviously increase the hazard. This is my feeling in your case that the Building Code does not actually require enclosure of these relocated stairways. However, I urge that the hospital consider enclosing them to prevent the passage of fire and especially smoke even though not compelled to do so, and I suggest that you go into this matter with the Chief of the Fire Department when you go over the other safety features. Since some of the disastrous fires, the Fire Underwriters have been stressing greatly the extreme importance of enclosing stairways not only to provide a safe means of egress but to prevent the quick travel of fire, smoke and hot gases upwards through a building. I do not know what change in specific occupancy may be contemplated on the third floor of the existing building, but I do remember that one of the investigators of the National Board of Fire Underwriters definitely called to my attention, in connection with their city-wide inspection a year or two ago, what he considered the extremely dangerous conditions on the third floor of the hospital at that time. He considered them most dangerous despite the automatic sprinkler system. The enclosure of the existing and relocated stairways with fire doors in the enclosure at the foot of each run of stairs would go far towards improving the situation.

16. With reference to Section 2121 of the Code I find no scuttle and ladder fixed permanently in place leading thereto to give access to the new roof. Presumably the new exterior doorway at third floor level of existing building is intended to serve that purpose. If you do not plan a scuttle and permanent ladder in the new wing, please notify and we will ask the Chief of the Fire Department if this access to the new roof from the existing building will meet the needs.

17. If there is to be any substantial change in size or location of operating rooms, the automatic emergency lighting system stipulated in Section 20913 of the Code is required. Also, if 100 or more patients would be accommodated in the enlarged building, similar emergency lighting is required in corridors, for required means of egress.

Handwritten notes:
Check
plans
with
Chief
of
Fire
Dept.

C. S. Suncora

October 12, 1950

18. The wall ties are required to be of a thickness no less than that specified in the specifications. The ties are required to be galvanized after banding. Wherever the ties are to be used in bearing walls or piers they are to be spaced one foot vertically and 2' horizontally as shown in the specifications which is applicable only to veneered walls which are not bearing.

19. I note that the specifications do not call for the oil burner to bear the weight of the boiler room. That is a requirement unless there is always to be an attendant present in the boiler room. It is also noted that no. 5 oil is to be used which probably means the necessity of a pre-heater. The City is particularly interested in this equipment from the standpoint of its voluntary smoke control program, and especially so because the hospital is located in one of the best residential sections. It is hoped that every care will be taken to see to it that this equipment is installed so as to be as nearly smokeless as possible, and it will be found that this will prove an economy in fuel consumption from the standpoint of the hospital.

Very truly yours,

Warren McFadden
Inspector of Buildings

WheE/O

P. S. No attempt has been made at even a rough check of the structural features of the wing nor of the complicated alterations of supports in the basement of the existing building, but reliance has been placed upon the statement of design which should be attached to the plans. Will you please attach your signed statement of design on one of the revised prints to be furnished?



APPLICATION FOR PERMIT

PERMIT ISSUED
00042

Class of Building or Type of Structure Third Class
Portland, Maine, Jan. 13, 1955

JAN 13 1955

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to ~~erect~~ ~~repair~~ ~~demolish~~ ~~install~~ the following building ~~structure~~ ~~equipment~~ in accordance with the Law 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 361 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 _____ Telephone _____
 Contractor's name and address G. L. Beal, Standish, Maine (Sebago Lake RFD #2) Telephone _____
 Architect _____ Specifications _____ Plans no. _____ No. of sheets _____
 Proposed use of building _____ No. families _____
 Last use _____ dwelling house _____ No. families 1
 Material wood No. stories 1 1/2 Heat _____ Style of roof _____ Roofing _____
 Other buildings on same lot _____
 Estimated cost \$ _____ Fee \$ 1.00

General Description of New Work

To demolish 1 1/2-story frame dwelling house approximately 22' x 30'.
No connection to public sewer.

*Subject to letter to follow.
Mr. Lato says no connection to sewer.*

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** G. L. Beal

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 _____
 Joists (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:

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

Signature of owner BY: Gayle L. Beal

INSPECTION COPY

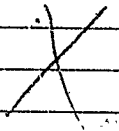
NOTES

2-2-55 Roof off main Bldg.

2-18-55 Half down

3-1-55 90% down

3-7-55 Completed



2-1-55
3-1

Permit No. 55/425
 Location 301 Brighton Ave.
 Owner Peter J. & Mrs. Shugart
 Date of permit 1/3/54
 Notif. closing-in
 Inspn. closing-in
 Final Notif.
 Final Inspn.
 Cert. of Occupancy issued
 Staking Out Notice
 Form Check Notice

January 13, 1955

BP 361 Brighton Ave.
Use of open land after demolition

Osteopathic Hospital of Maine
335 Brighton Ave.

Gentlemen:-

We have issued to Mr. G. L. Beal a building permit to cover demolition of the dwelling house at the above location.

The use intended to be made of this vacant land after the demolition is not known; but please bear in mind under the zoning Ordinance that the lot may not be legally used for parking or for any other use than perhaps landscaping or similar embellishment without a certificate of occupancy being secured from this department before the use is commenced.

Since the property is located in an RAA Zone, there are practically no superimposed allowable uses other than a dwelling house. For instance it would not be allowed to extend the hospital's parking space to any part of this lot.

Very truly yours,

Warren McDonald
Inspector of Buildings

WMcD/G

POSTING SCHEDULE				SYMBOLS			
Date	Document	No.	Plan File	Date	Document	No.	Plan File
9/28/28	P.P.	28					
11/24/28	P.P.	28					
4/4/29	PA-D.A.	29					
5/18/29	PA-D.	29					
12/1	P.P.	31					
12/2/31	P.H.F.	31					
4/7/32	P.P.	32					
10/18/33	P.H.F.	33					
1/19/34	P.P.	34					
4/10/39	PA-D.	39					
4/25/39	PA-D.	39					

- Type of Document**
 Ap--Appeal
 Co--Complaint
 Co--Cert. of Occupancy
 I--Inquiry
 P--Permit
- Type of Work under Permit**
 A--Alteration
 D--Demolition
 N--New Bldg. or Structure
 Rch--Repair chimney
 Rf--Repair after fire
 Rfa--Repair after fire with alterations
 Rr--Repair roof covering
 Cu--Change of use
- Type of Installation Permit**
 Ck--Cooking appliance
 Ev--Elevator
 Ht--Heating appliance
 Hw--Hot water heater
 Infl--Inflammable liquids equipment
 Pw--Power appliance
 Rn--Refrigeration
 Sd--Detecting sign
 Sp--Projecting sign
 Spr--Automatic Sprinklers
 Sr--Roof sign
 Vt--Ventilation
- Type of Use**
 AH--Assembly Hall
 AN--Asylums, Hospitals & Homes
 BI--Business & Industrial
 Ch--Church
 Cl--Club & Lodge
 DWG--Dwelling
 GM--Minor Garage
 GMJ--Major Garage
 GR--Repair Garage
 GS--Service Garage
 EG--Hangar
 Ht--Hotel
 LG--Lodging House
 M--Miscellaneous
 Sch--School
 Ten--Tenement or Apt. House
 Th--Theatre

Date Document No. Plan File



(3A) SINGLE RESIDENCE ZONE - A
APPLICATION FOR PERMIT

PERMIT ISSUED
0456

Class of Building or Type of Structure Third Class

Portland, Maine, April 25, 1939 APR 25 1939

INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter ~~to~~ permit 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 561 Brighton Avenue Within Fire Limits? no Dist. No. _____
Owner's or Lessee's name and address Alton F. Jordan, 561 Brighton Avenue Telephone _____
Contractor's name and address Googins & Clark, 48 Portland Street Telephone 2-5168
Architect _____ Plans filed no No. of sheets _____
Proposed use of building Dwelling No. families 1
Other buildings on same lot garage
Estimated cost \$ 235. Fee \$.75

Description of Present Building to be Altered

Interior frame No. stories 1 1/2 Heat _____ Style of roof pitch Roofing asphalt roofing
Last use Dwelling No. families 1

General Description of New Work

To construct two dormer windows on front of dwelling 6' 6" long (facing Brighton Ave.)
These are for ventilation of attic.

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED.

At least 150' to street line
30' to side line

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

no 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 hip Rise per foot 4 1/2" Roof covering asphalt roofing Class C Und. sh.
No. of chimneys _____ Material of chimneys _____ of lining _____
Kind of heat _____ Type of fuel _____ Is gas fitting involved? _____
Framing Lumber—Kind spruce Dressed or 'Full' Size? dressed
Corner posts 4x4 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 2x4
On centers: 1st floor _____, 2nd _____, 3rd _____, roof 16"
Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____

If one story building with masonry walls, thickness of walls? _____

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? yes

Signature of owner By: Alton F. Jordan
Googins & Clark

INSPECTION COPY

Handwritten signature: Alton F. Jordan

Handwritten: H-17294

Permit No. 39/456

Location 361 Brighton Avenue

Owner Alton F. Jordan

Date of permit 4/23/39

Notif. closing-in _____

Inspn. closing-in _____

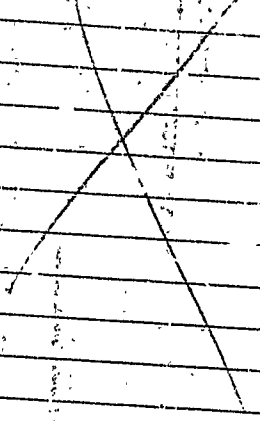
Final Notif. _____

Final Inspn. 5/20/39

Cert. of Occupancy issued None

NOTES

5/1/39 - 12 inches installed
5/20/39 - Work done





APPLICATION FOR PERMIT

Permit No. 0354
APR 10 1939

Class of Building or Type of Structure third

Portland, Maine, April 10, 1939

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 361 Brighton Ave. Within Fire Limits? _____ Dist. No. _____
 Owner's or Lessee's name and address Alton E. Jordan 361 Brighton Ave Telephone _____
 Contractor's name and address George and Clark 16 Portland St. Telephone 2-5168
 Architect _____ Plans filed _____ No. of sheets _____
 Proposed use of building dwelling house No. families 1
 Other buildings on same lot _____
 Estimated cost \$ 122 Fee \$ 50

Description of Present Building to be Altered

Material frame No. stories 1 1/2 Heat _____ Style of roof pitch Roofing _____
 Last use Dwelling house No. families 1

General Description of New Work

CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WANTED

To build corner on all roof about 6'-6" long (facing Brighton Ave, 150' to st. and 30' to side line) to cut in one window over kitchen sink first floor

Cable type
corner

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

no _____ Height average grade to top of plate _____
 no _____ Height average grade to highest point of roof _____
 Site, front _____ depth _____ No. stories _____ earth or rock? _____
 To be erected on solid or filled land? _____
 Material of foundation _____ Thickness, top _____ bottom _____ cellar _____
 Material of underpinning _____ Height _____ Thickness _____
 Kind of Roof pitch (hip) Rise per foot 4" Roof covering asphalt shingles Class C under lead
 No. of chimneys _____ Material of chimneys _____ of lining _____
 Kind of heat _____ Type of fuel _____ Is gas firing involved? _____
 Framing Lumber—Kind _____ Dressed or Full Size? _____
 Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
 Material columns under girders _____ Size _____ Spacing 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 2x4
 On centers: 1st floor _____, 2nd _____, 3rd _____, roof 16"
 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 public street? no
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Signature of owner Alton E. Jordan
 by A.W. Clark

INSPECTION COPY

Permit No. 99/354
Location 361 Brighton Ave
Owner Alton F Jordan
Date of permit: 4/10/39
Notif. closing-in _____
Inspn. closing-in _____
Final Notif. _____
Final Inspn. 4/17/39
Cert. of Occupancy issued None

NOTES
4/17/39 - work well
along road

~~THIS PERMIT IS VALID FOR PERMITS~~



FILL IN COMPLETELY AND SIGN WITH INK

PERMIT ISSUED

1589

Permit No. 1589

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

To the INSPECTOR OF BUILDINGS, PORTLAND, ME,

Portland, Maine, October 17, 1933

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 City 361 Brighton Ave Use of Building Residence

Name and address of owner Alton F. Jordan, 361 Brighton Ave. Ward _____

Contractor's name and address Easternoil Inc, 135 Marginal Way Telephone 3-6411

General Description of Work

To install One Model A Easternoil Automatic Oil Burner

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 _____
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 _____

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 one 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 for each additional heater, etc., in same building at same time.)

INSPECTION COPY

Signature of contractor

EASTEROIL INC
J. T. Mc Cormick
By _____

NOTIFICATION BEFORE
OR CLOSING-IN IS WAIVED
CERTIFICATE OF OCCUPANCY
REQUIREMENT IS WAIVED
O.C. sent
10/15/33



FILL IN COMPLETELY AND SIGN WITH INK

PERMIT ISSUED

Permit No. 2550

DEC 21 1951

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, December 21, 1951

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:

Location 551 Erighoon Avenue Use of Building Dwelling house
 Name and address of owner A. F. Jordan, 281 Brighton Ave. Ward 8
 Contractor's name and address D. J. Sullivan, 1732 Forest Ave. Telephone P. 613

General Description of Work

To install steam heating system

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 _____
 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, 4'
 from top of smoke pipe 2 1/2', from front of heater over 4', from sides or back of heater over 5'

NOTIFICATION BEFORE LAYING OR CLOSING IS WAIVED
CERTIFICATE OF OCCUPANCY REQUIREMENT IS WAIVED

IF OIL BURNER

Name and type of burner _____ Labeled and approved by Underwriters' Laboratories? yes
 Will operator be always in attendance? _____ Type of oil feed (gravity or pressure) _____
 Location oil storage _____ No. and capacity of tanks _____
 Will all tanks be more than seven feet from any flame? _____ How many tanks fireproofed? _____
 Amount of fee enclosed? 1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

C. C. [Signature] 1/21/51

Signature of contractor D. J. Sullivan

INSPECTION COPY

6710



APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, May 18, 1929

Permit No. _____

PERMIT ISSUED
MAY 18 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 4-361 Brighton Avenue Ward 8 Within Fire Limits? No Dist. No. _____
Owner's or Lessee's name and address A. F. Jordan, 361 Brighton Ave. Telephone 745 R
Contractor's name and address E. B. Libby, 408 Allen Ave. Telephone: _____
Architect's name and address _____
Proposed use of building dwelling house No. families 1
Other buildings on same lot _____

Description of Present Building to be Altered

Material wood No. stories 1 1/2 Heat _____ Style of roof _____ Roofing _____
Last use _____ dwelling house No. families 1

General Description of New Work

To rebuild one interior chimney and construct fireplace on first floor

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
To be erected on solid or fill? _____ earth or rock? _____
Material of foundation _____ Thickness, top _____ bottom _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof _____ Roof covering _____
No. of chimneys 1 Material of chimneys brick of lining tile
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 _____ 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? no No. sheets _____
Estimated cost \$ 40. 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

Signature of owner A. F. Jordan

INSPECTION COPY

72631

Ward 8 Permit No. 29/847
Location 361 Brighton Ave
Owner A. F. Jordan
Date of permit 5/18/29
Notif. closing-in _____
Inspn. closing-in _____
Final Notif. _____
Final Inspn. _____
Cert. of Occupancy issued _____

NOTES

~~Final loc. all done
with finish of piping
and other work
5/28/29~~
6/28/29 - Mason work all
done. Cleanout cut in
chimney. Will be OK
with piece of pipe for
fourth floor ceiling. AJS
Watch for hole cut
for sink pipe.
10/28/29 - Installed OK.
AJS.



PERMIT ISSUED
 Permit No. 64230
 APR 4 1929

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class
 Portland, Maine, April 4, 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 361 Brighton Avenue Ward B Within Fire Limits? No Dist. No. _____
 Owner's ~~or Lessee's~~ name and address A. F. Jordan, 361 Brighton Ave. Telephone _____
 Contractor's name and address Willis & Rumery Co., 164 Woodford St. Telephone P 773
 Architect's name and address _____
 Proposed use of building Dwelling house No. families 1
 Other buildings on same lot garage

Description of Present Building to be Altered

Material wood No. stories 1 1/2 Heat _____ Style of roof _____ Roofing _____
 Last use dwelling house No. families 1

General Description of New Work

To ~~glass~~ in ~~front~~ one story front porch, 7' x 12'
 (at least 78' from street line)
 Existing Dec. 6, 1926 with roof over same

REQUIREMENT OF OCCUPANCY
 IS WAIVED.
 OCCUPATION OF BUILDING
 OR CLOSED

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 _____, 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? no No. sheets _____
 Estimated cost \$ 70. Fee \$ _____
 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 A. F. Jordan
Willis & Rumery

INSPECTION COPY

10

APPLICATION FOR PERMIT

PERMIT ISSUED

JUL 18 1985

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 0.773

ZONING LOCATION PORTLAND, MAINE July 12, 1985 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

3. Contractor's name and address Consolidated Bldgs. & Constr. - 106 Commercial St. 04102 Telephone .. 774-2626

..... No. of sheets

Proposed use of building hospital No. families

Last use same No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 20,000 Appeal Fees \$

FIELD INSPECTOR—Mr. @ 775-5451 Base Fee 120.00

..... Late Fee

TOTAL \$

To make alterations to mail room and reception to be made into gift shop as per plans, 1 sheet of plans. no structural charges

Stamp of Special Conditions

send permit to # 3 04112

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? no

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:

BUILDING CODE: 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

Fire Dept.:

Health Dept.:

Others:

Signature of Applicant Phone # same

Type Name of show: Darald Curless for Consolidated Bldgs. & Constr. 1 2 3 4

Other

and Address

FIELD INSPECTOR'S COPY

9 APPLICANT'S COPY

OFFICE FILE COPY

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 0.282
ZONING LOCATION PORTLAND, MAINE April 5, 1985

APR 8 1985

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

CITY of PORTLAND

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 Hospital of Me. ... same Telephone ... 774-3921
2. Lessee's name and address ... Telephone ...
3. Contractor's name and address ... Sam Grimaldi & Son ... 422 Capisic St Telephone ... 773-6905
Proposed use of building ... hospital ... No. of sheets ...
Last use ... same ... No. families ...
Material ... No. stories ... Heat ... Style of roof ... Roofing ...
Other buildings on same lot ...
Estimated contractual cost \$ 935.00

FIELD INSPECTOR—Mr. @ 775-5451

Appeal Fees \$
Base Fee ... 15.00
Late Fee
TOTAL \$

To erect cement & stone structure
10' x 5' 1/2" to be used for sign, letters
are being put on by sign contractor

Stamp of Special Conditions

send permit to # 3 04102

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? 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?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

Signature of Applicant Phone # same
Type Name of above Mario Grimaldi for 1 2 3 4
Sam Grimaldi & Son Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY
M.A. Carroll

901907

Permit # 901907 City of Portland BUILDING PERMIT APPLICATION Fee \$31. Zone _____ Map # _____ Lot# _____

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

Owner: Osteopathic Hospital/ME Phone # 879-8000
 Address: 335 Brighton Ave; Ptld, ME 04102
 LOCATION OF CONSTRUCTION 335 Brighton Ave. (Brighton Medical Center)
 Contractor: Bailey Sign Sub: _____
 Address: 9 Thomas Dr; Westbrook ME 04092 Phone # _____
 Est. Construction Cost: _____ Proposed Use: Hospital
 Past Use: 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 Erect a sign; 5'x6'

For Official Use Only **PERMIT ISSUED**
 Date 9/11/90 Subdivision: _____ Name: _____
 Inside Fire Limits: _____ Lot: SEP 14 1990
 Bldg Cod: _____ Ownership: _____ Public: _____
 Time Limit: _____ Estimated Cost: _____
 City Of Portland

Zoning: R-3 Residence
 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) OK WDH 9-13-90

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: _____ No. _____
 6. Corner Posts Si _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

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

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

Roof: Action: _____ Approved.
 1. T-russ or Rafter Size _____ Span _____ Approved with Conditions
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____ Date: 9/11/90
 Signature: [Signature]

Chimneys: Type: _____ Number of Fire Places _____

Heating: Type of Heat _____

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

Plumbing:
 1. Approval of soil test 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 Louie E. Chase
 Signature of Applicant Rodney E. Penn Date 9/11/90
Rodney Penn agent of owner
 Signature of CEO _____ Date _____
 Inspection Dates _____

White-Tax Assessor Yellow-GPCOG white Tag -CEO 121 OG 1988 WC

901907

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$31, Zone _____ Map # _____ Lot# _____

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

Owner: Osteopathic Hospital/ME Phone # 379-8000
 Address: 335 Brighton Ave; Pld, ME 04102
 LOCATION OF CONSTRUCTION 335 Brighton Ave. (Brighton Medical Center)
 Contractor: Bailey Sign Sub: _____
 Address: 9 Thomas Dr; Westbrook ME 04092 Phone # _____
 Est. Construction Cost: _____ Proposed Use: Hospital
 Past Use: 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 Erect a sign; 5'x6'

For Official Use Only PERMIT ISSUED
 Date: 9/11/90 Subdivision: _____
 Inside Fire Limits: _____ Name: SEP 14 1990
 Bldg Code: _____ Ownership: City Of Portland
 Time Limit: _____ Estimated Cost: _____
 Zoning: A-3 Residence
 Street Frontage Provided: _____ 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) HISTORIC PRESERVATION

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

1. Ceiling Joists Size: _____ 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 Rafter Size: _____ Spacing _____ Action: _____ Approved.
2. Sheathing Type _____ Size _____ Approved with Conditions.
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: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise F. Chase

Signature of Applicant Rooney Penn Date 9/11/90
as agent of owner

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assessor _____ Yellow-GPCOG _____ White Tag-CEG _____ © Copyright GPCOG 1988

09/11/90

LOUISE F. CHASE
MRS. J. LOWE

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 31.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

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

COMMENTS

10/9/90 Done RL

Signature of Applicant

Rodney L. Benn
as agent of owner

Date *9/11/90*



**OSTEOPATHIC HOSPITAL
OF MAINE**

335 Brighton Avenue
Portland, Maine
04102
(207) 879-8000

RECEIVED

SEP 11 1990

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

August 28, 1990

To whom it may concern,

The Bailey Sign Co. of Westbrook, Maine has been contracted by the Osteopathic Hospital of Maine to serve as our agent in the procurement of any permits relating to the upcoming installation of signs at OHM.

If you have any questions or concerns, please feel free to contact me 879-8039.

Sincerely,

Rick Dambrie
Director of Patient Relations

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
9/11/90

PRODUCER

MORSE, PAYSON & MOYES
100 MIDDLE PLAZA
P.O. BOX 406 OTS
PORTLAND, ME 04112

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

OSTEOPATHIC HOSPITAL OF MAINE
335 BRIGHTON AVE.
PORTLAND, ME 04102

HAC

COMPANY LETTER A	PHICO INSURANCE CO.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	HP1323	11/01/88	11/01/90	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD PRODUCTS/COMPLETED OPERATIONS				BI & PD COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> CONTRACTUAL				PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS				BODILY INJURY (PER PERSON)	\$	\$
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE				BODILY INJURY (PER ACCIDENT)	\$	\$
	<input checked="" type="checkbox"/> PERSONAL INJURY				PROPERTY DAMAGE	\$	\$
	AUTOMOBILE LIABILITY	DEPT. OF BUILDING INSPECTIONS CITY OF PORTLAND			BI & PD COMBINED	\$	\$
<input type="checkbox"/> ANY AUTO	BODILY INJURY (PER PERSON)				\$	\$	
<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)	BODILY INJURY (PER ACCIDENT)				\$	\$	
<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)	PROPERTY DAMAGE				\$	\$	
	EXCESS LIABILITY	EP1323	11/01/89	11/01/90	BI & PD COMBINED	\$ 5,000	\$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY	\$ (EACH ACCIDENT)	\$ (DISEASE-POLICY LIMIT)
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY						
	OTHER						

RECEIVED

SEP 11 1990

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS JOB: CHANGING SIGNS ON HOSPITAL

CERTIFICATE HOLDER

BAILEY SIGN, INC.
9 THOMAS DRIVE
WESTBROOK, ME 04092

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE

Howard A. Cole

CERTIFICATE OF INSURANCE

2/27/90

PRODUCER

BILL JOHNSON INS AGCY INC
 BOX 3026
 160 LISBON ST
 LEWISTON ME 04240

INSURED

BAILEY SIGN INC
 9 THOMAS DRIVE
 WESTBROOK ME 04092

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT ALTER, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDED COVERAGE

- COMPANY LETTER **A** FIREMANS FUND INS CO
- COMPANY LETTER **B** FIREMANS FUND INS CO
- COMPANY LETTER **C**
- COMPANY LETTER **D** U. S. F. & G. Ins. Co.
- COMPANY LETTER **E**

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLY. EFFECTIVE DATE (MM/DD/YY)	POLY. EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNERS & CONTRACTORS PROTECTIVE	823MZGB03472	1/01/90	1/01/91	GEN. AGGREGATE 2,000 PROPR. AGGREGATE 1,000 PERM. AGGREGATE 1,000 EMP. AGGREGATE 1,000 PER. AGGREGATE 50 GEN. AGGREGATE 5
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	823MZGB03472	1/01/90	1/01/91	1,000
D	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	6209556906	1/01/90	1/01/91	100 500 100
	OTHER				

RECEIVED
 SEP 11 1990

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS (IF ANY) ITEMS:

DEPT. OF BUILDING INSPECTIONS
 CITY OF PORTLAND

TELEPHONE NUMBERS

CITY OF PORTLAND
 ATTN: SAM HOFFBS
 389 CONGRESS ST ROOM 315
 PORTLAND ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THEIR EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER BY MAIL TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE WILL IMPROVE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE:

JANE BELANGER

Jane Belanger

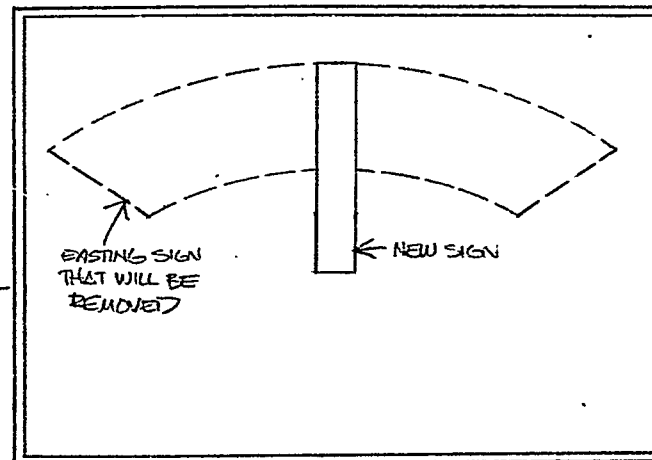
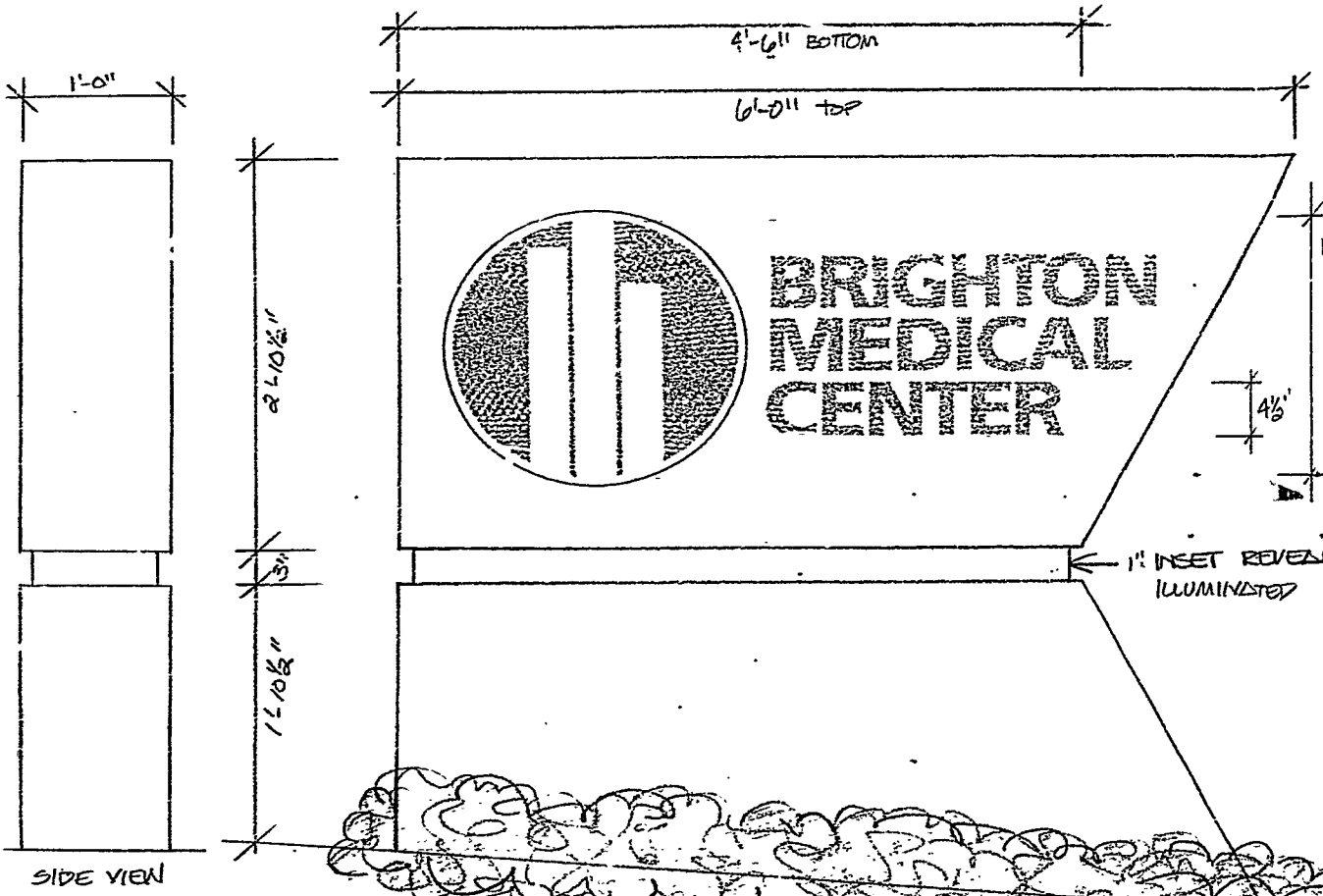
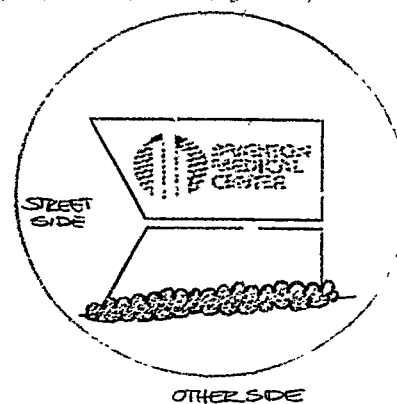
30 sq ft.

RECEIVED

SEPT 1 1990

PERMIT PRINT

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND



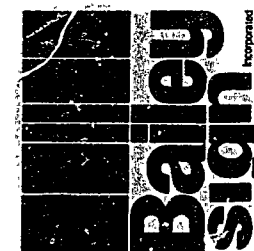
1 - D/F INTERNALLY ILLUMINATED SIGN / ALUMINUM W/ JIGGED OUT COPY & LOGO

COLORS

BASE & SIGN B/L = PMS 423 GREY
COPY, LOGO & REVEAU = WHITE PEEK, ILLUMINATED
PRT OF LOGO SHOWN IN BLACK = POLISHED SILVER VINYL

FINAL MFG. PRINT
DATE 9/7/90

STERRY/COT
FORTI/SCOLE
©COPYRIGHT



9 Thomas Drive
Col. Westbrook Executive Park
Westbrook, ME 04092
74-2843
1 800 543-SIGN

SIGN SPECIFICATIONS		LOCATION				DATE	
CABINET TYPE	SF	HEIGHT	DEPTH	LENGTH	WIDTH	ILLUMINATED	NON-ILLUMINATED
CROWN	RET-COAR	HANGING BAR	DIV BAR-COLOR	LAMPS	RADIUS	MATERIAL	COLOR
FACE 1	MATERIAL	COLOR	COPY	COLOR	BIG	COLOR	SEAMS
FACE 2	MATERIAL	COLOR	COPY	COLOR	ROWS TRACK	FAB INFO	Brand Gauge Color
BUILDING TYPE	ELEC LOC	MOUNTING	MATERIAL	COLOR	LOAD	SERVICING	
POLE COVER (back)	HOT to BOT.	MATERIAL	COLOR	SERVICING			

Customer BRIGHTON MED CENTER

Location OSTEOPTIC HOSPITAL

Remarks

Revised	

Scale 1" = 1'-0"

Date 8/6/90

Job/W.O.#

Sheet 3 of 4

On copy in folder

(ACCEPTANCE SIGNATURE/DATE)

Project # 0-119

Drawing # 01871 R1

This design is the exclusive property of Bailey Sign Incorporated and all rights to its use or reproduction are reserved.

0391
 Permit # 0391 City of Portland BUILDING PERMIT APPLICATION Fee \$1205 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form. 3/26/90

Owner: Osteopathic Hosp. of ME Phone # 879-8006
 Address: 335 Brighton Ave. Portland, Maine 04102
 LOCATION OF CONSTRUCTION 335 Brighton Ave.
 Contractor: C B Inc. mail permit 774-2626
 Address: 44599 DTS Ptd. Me 04112
 Est. Construction Cost: \$237,000 Proposed Use: Commercial
 Past Use: Commercial
 # 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 Conditional Use Appeal \$50.00
Site Plan Review \$350.00

For Official Use Only	
Date <u>November 21, 1989</u>	Subdivision <u>PERMIT ISSUED</u>
Inside Fire Limits _____	Lot _____
Bldg Code _____	Ownership: <u>MAY 17 1990</u>
Time Limit _____	Private _____
Estimated Cost: <u>237,000</u>	City Of Portland
Zoning: <u>R-3</u>	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) <u>OK WR A - 4-24-90</u>

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

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

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

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

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Chimneys:
 Type: _____ Number of Fire Places _____
 Heating:
 Type of Heat: _____
 Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures: _____
 Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Latini - Chase
 Signature of Applicant: Michael P. Conroy Date ISSUED
 Signature of CEO: John A. Walker Date BETTER
 Inspection Dates: FPS Walker

White-Tax Assessor Yellow-GPCOG White Tag -CEO

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PERMIT # 000913 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. 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 Sizes _____ 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 <input type="checkbox"/> No <input type="checkbox"/>
Inside Fire Limits: _____	Name: _____
Blg. Code: _____	Block: _____
Time Limit: _____	Permit Expiration: _____
Estimated Cost: <u>400,000</u>	Ownership: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Value/Structure: <u>3,400,000</u>	Fee: _____

Roof:

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

Roof:

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

Chimneys: Type: _____ Number of Fire Places _____

Heating: Type of Heat: _____

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

Plumbing:

1. Approval of soil test if required 00.25 Yes No
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures 00.0001

Swimming Pools:

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

zoning: District R-3 Street Frontage Req. _____ Provide _____ 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 July 27, 1988

Permit Received By Lisa Cushman

Signature of Applicant _____ Date July 27, 1988

Signature of CEO [Signature] Date 8-1-88

Inspection Date _____

8801 55 7101

White-Tax Assessor

Yellow-GPCOG

White Tag-CEO

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PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 25.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ 1995.00
(Explain) _____
Late Fee \$ _____

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

COMMENTS

1/90 G.R. OK

Signature of Applicant *Joseph Allison*

Date July 27, 1988

PERMIT # 02672 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Osaka Medical Hospital
 Address: 335 Sighton Avenue

LOCATION OF CONSTRUCTION 335 Brighton Avenue

CONTRACTOR: Sam Grimaldi and Son SUBCONTRACTORS: 773-6905

ADDRESS: _____
 Est. Construction Cost: _____ Type of Use: Hospital

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
Conversion - Explain remove 1 (2000 gallon tank)

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

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

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

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

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

For Official Use Only.

Date October 3, 1989 Subdivision: Yes / No _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ **PERMIT ISSUED**
 Time Limit _____ Permit Expiration: _____
 Estimated Cost _____ Ownership: _____
 Value/Structure _____ Fee 10.00 Public _____

City Of Portland

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 _____
 4. Other _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

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

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

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

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

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain): _____
 Date Approved: 10-3-89

Permit Received By: Deborah Goc

Signature of Applicant: _____ Date 10/3/89

Signature of C.O. _____ Date 10-3-89

Inspection Dates _____

White Tax Assesor, Yellow GPCOG, White ag. CEO, Copyright GPCOG 1987

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type

Inspection Record

Date

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

COMMENTS

1/9/90
AOL 015
[Large handwritten scribble]

Signature of Applicant Joseph C. Smith - as agent for owner Date 10/31/89

902244

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$37.00 Zone Map # Lot #

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

Owner: Brighton Medical Center Phone # 879-9039
 Address: 335 Brighton Ave; Ptd, ME 04102
 LOCATION OF CONSTRUCTION 335 Brighton Ave.
 Contractor: Bailey Sign Co Sub: 774-2843
 Address: 9 Thomas Dr; Westbrook, ME 04092
 Est. Construction Cost: Proposed Use: hospital w sign
 Past Use: 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 Erect sign - 5'x12' appx

For Official Use Only PERMIT ISSU

Date 12/20/90 Subdivision:
 Inside Fire Limits Name DEC 31 1990
 Bldg Code Lot
 Time Limit Ownership: City Of Portland
 Estimated Cost

Zoning:
 Street Frontage Provided:
 Provided Setbacks: Front Back Side Side

Review Required:
 Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Condition of Use: Variance Site Plan Subdivision
 Shoreland Zoning Yes No Floodplain Yes No
 Special Exception
 Other: OK WPA 12-31-90

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. Joist Size: Spacing 16" O.C.
 5. Bridging Type: Size:
 6. Floor Sheathing Type: Size:
 7. Other Material:

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

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

Ceiling:
 1. Ceiling Joists Size: Spacing **HISTORIC PRESERVATION**
 2. Ceiling Strapping Size Spacing **Not in District nor landmark.**
 3. Type Ceilings: **Does not require review.**
 4. Insulation Type Size **Requires Review.**
 5. Ceiling Height:

Roof:
 1. Truss or Rafter Size Spacing Action: Approved.
 2. Sheathing Type Size **Approved with Condition**
 3. Roof Covering Type **Applied 1/90**

Chimneys:
 Type: Number of Fire Places Date: 12/20/90
 Inspected by: Rodney L. Benn

Heating:
 Type of Heat:

Electrical:
 Service Entrance Size: (Smoke Detector Required Yes No)

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

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

Permit Received By Louise E. Chase
 Signature of Applicant Rodney L. Benn Date 12/20/90
Rodney Benn as agent of owner
 Signature of CEO Date
 Inspection Dates

PLOT PLAN

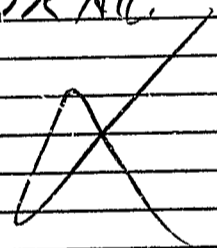


FEES (Breakdown From Front)
Base Fee \$ 37-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspector	Record	Date
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

COMMENTS

3/29/90, OKAD.



Signature of Applicant Rodney L. Benson as agent of owner Date 12/20/90

CERTIFICATE OF INSURANCE

ISSUE DATE (M/D/YYYY)
2/27/90

PRODUCER
BILL JOHNSON INS AGCY INC
BOX 3028
160 LISBON ST
LEWISTON ME 04240

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** FIREMANS FUND INS CO

COMPANY LETTER **B** FIREMANS FUND INS CO

COMPANY LETTER **C**

COMPANY LETTER **D** U. S. F. & G. Ins. Co.

COMPANY LETTER **E**

INSURED
BAILEY SIGN INC
9 THOMAS DRIVE
WESTBROOK ME 04092

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (M/D/YYYY)	POLICY EXPIRATION DATE (M/D/YYYY)	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE	823MZG803472	1/01/90	1/01/91	GENERAL AGGREGATE 2,000 PRODUCTS COMPOUNDS AGGREGATE 1,000 PERSONAL & ADVERTISING INJURY 1,000 EACH OCCURRENCE 1,000 FIRE DAMAGE (ANY ONE FIRE) 50 MEDICAL EXPENSE (ANY ONE PERSON) 5
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCH. DULED AUTOS <input checked="" type="checkbox"/> HIREL AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	823MZG803472	1/01/90	1/01/91	CSL 1,000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
D	EXCESS LIABILITY OTHER THAN UMBRELLA FORM WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	6209556906	1/01/90	1/01/91	STATUTORY 100 (EACH ACCIDENT) 500 (DISEASE-POLICY LIMIT) 100 (DISEASE EACH EMPLOYEE)
	OTHER				

RECEIVED
DEC 20 1990

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER
CITY OF PORTLAND
ATTN: SAM HOFFSES
389 CONGRESS ST ROOM 315
PORTLAND ME 04101

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE

JANE BELANGER *Jane Belanger*

COCOC CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY) 11/17/90

PRODUCER MORSE, PAYSON & ROYES 100 MIDDLE PLAZA P.O. BOX 436 CTB PORTLAND, ME 04112	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	COMPANIES AFFORDING COVERAGE	
INSURED BRIGHTON MEDICAL CENTER 335 BRIGHTON AVE. PORTLAND, ME 04102	COMPANY LETTER A PHICX INSURANCE CO.	HAC
	COMPANY LETTER B	
	COMPANY LETTER C	
	COMPANY LETTER D	
	COMPANY LETTER E	

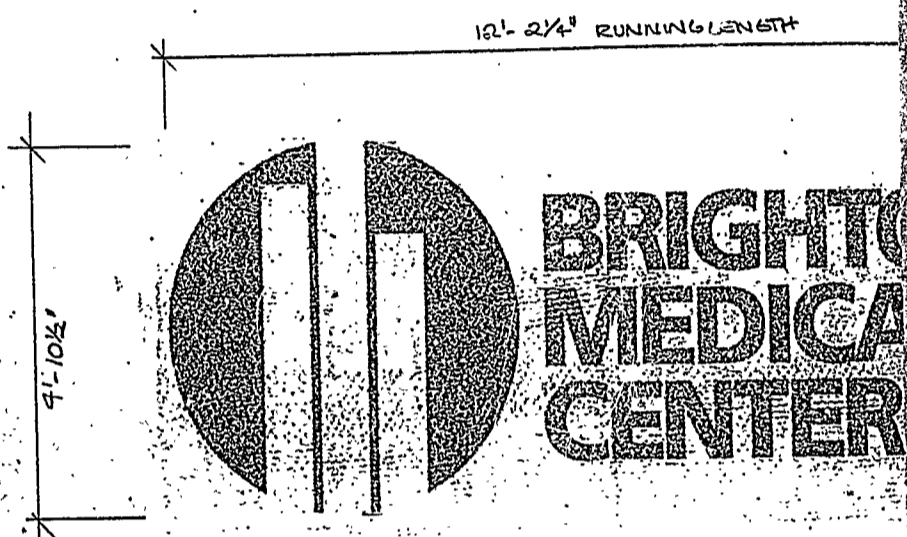
COVERAGES
 THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					PER OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	HP1323	11/01/90	11/01/91	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERMINING				BI & PD COMBINED	\$ 1,000	\$ 1,000
	<input checked="" type="checkbox"/> EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	AUTOMOBILE LIABILITY	DEPT OF BUILDING CITY OF PORTLAND			BI & PD COMBINED	\$	\$
	ANY AUTO						
	ALL OWNED AUTOS (PRIV PASS)						
	ALL OWNED AUTOS (OTHER THAN)						
	HIRED AUTOS						
	NON-OWNED AUTOS						
	GARAGE LIABILITY						
A	EXCESS LIABILITY	EP1323	11/01/90	11/01/91	BI & PD COMBINED	\$ 5,000	\$ 5,000
	<input checked="" type="checkbox"/> UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

RECEIVED
 DEC 23 1990

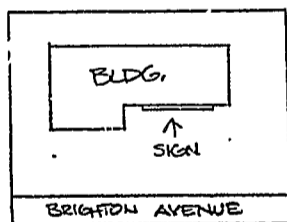
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER CITY OF PORTLAND	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPROVE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Helen A. Cole</i>
---	--



1 SET / INDIVIDUAL CUT OUT LETTERS

- * FINISH & MATERIALS & COLOR TO BE DETERMINED BY CLIENT
- * PLACEMENT ON WALL TO BE DETERMINED BY CLIENT



FLOOR PLAN