June 4th, 1963

Paul B. Mslellan Company 52 Marginal Way Fortland, Maine

Gentlemen: 35: 05 01, CHRONIC CARE UNIT, OSTEOFATHIC HOSPITAL OF MAINE

Please le: _s have your proposal for the following changes and additions to the above cited project.

1. Provide and install one pair solf-closing, Class C. fire duors with fusible links across couldor #116 at or near it's _______ inaction with the existing building, exact location to be given later.

2. Move existing ventilating fan in x-ray from west side to east side ob building of same room, exact location to be de- __()] terminad on the job. Fatch hole and refinish.

3. Reverse stops on landing at opening \$16? Sotween corridor O.K. and auditorium so that traffic will be routed to the west of the landing rather than to the post as now shown.

4. Add one block course to increase height of penthou of -0 k elevator shaftway approximately 2". Provide sash and louve. te meet this new condition.

5.(a) Provide and install door between space \$207 and existing belong. Bear to be type D, size 3' x 7' in setal frame $(0)^{1/2}$, similar to other work and equipped with "estibule latch set.

5.(b) Provide exit light similar to others on the project (0, 0) contering over this deer.

1:

To Faul B. McLeflan Co. From Janes Saunders associates

1Provenued

6. Reroute combined sewer as shown on revised Drawing #1; provide new catch basin and tie-in lines as shown on revised Drawings #1 and #1a; increase size of house drain as shown on revised Drawing #17, all of which drawings are enclosed in triplicate herewith.

To refrosh your mind relative to Change Order proceduse on Hill-Burton participating projects, all requests must be submitted in quintuplicate and proposal covering work which will not be performed by the General Contractor must be supported by a similar number of capies with requisition from Sub-Contractor. Both the Sub-Contractor requestand Ceneral Contractor request must be submitted in sufficient dotail to allow adequate checking. Your attention is also drawn to Article #45, Faragraph #3 which parmits a total profit both for Sub-Contractor and General Contractor of not more than }54.

Sangerolya

MS:del gu. Nr. Kolley ec. Mr. Sears JAMES C. SAUNDERS.

Page #2

June 4, 1963

Paul B, McLellan Company 52 Maeginal Way Fortland, Maine

Gentlemen: Re: CHRONIC CARE UNIT, OSTEOPATHIC HOSPITAL OF MAINE.

Reference to Item #13 of the Building Inspector's letter of May 20th relative to the use of wood in room #110, subject project, we have discussed this matter with Mr. Sears and are -now attempting to secure materials and working out details satisfactory to his department.

You are instructed by this letter to do ino work and order no materials in connection with this until further notice.

AFTY DESIDE INC

r#ALLANA

COMPRESSION ACCORD

Sincerely,

JCS:del

JAMES CA SAUNDERS

£

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CC. Mr. Kelley. CC. Mr. Sears.



P

FILL IN AND SIGN WITH INK APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, January 8, 1963.

FERIAR I THED

CITY of PORTLAND

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To the INSPECTOR OF EUILDINGS, PORTLAND, ME. The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accord-ance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Installer's name and address Wilbur. F. Blake Inc., 9. Forest St.

General Description of Work

	IF HEATER, OR POWER BOILER
If so, how protected?	
	IF OIL BURNER
Will operator be always in attendance? Type of floor beneath burner -Location of oil storage Low water shut off Yes Will all tasks he more than five feet fro	
	IF COOKING APPLIANCE
	Any burnable material in floor surface or beneath?

Amount of fee enclosed? 2,00 (\$2.00 for one heater, etc., \$1.00 additional for each additional heater, etc., in same building at same time.)

CS 300

APPROVED: 0 K 1-8-64 D

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

Wilbur F. Blake, Inc.

INSPECTION COPY

Signature of Installer By:

.....

A. 1 NOTES 3-25-64 Completed St-Approved Permit No. Owner Date of permit รี้มีสวนส์ รัฐสวก ب. م `* י ז'י ז'י . aller ----5 Exam



しかんえる

A.P. 335 Brighton Ave.

Dec. 6, 1963

James A. Nobrady 169 Front Street South Fortland, Maine

co to: James Saunders Assoc. 562 Congrass Street co to: Osloopathic Hospital of Saine が見ていたの時間

Gentlemon:

Permit for installation of gravity vent for boiler room in new addition to hospital at above maned location is issued herewith subject to the following conditions:

- 1. Opening in floor around vent duct, including colling, is to be made tight around duct with construction of at least two-hour fire resistance similar to that in rest of floor.
- 2. Sust is to be enclosed in first story with pertitions of at least one-hour fire resistance.

Very truly yours,

Albert J. Sears Building Inspection Mirector

AJStm

N3 RESIDENCE ZONE

APPLICATION FOR PERMIT

Portland, Maine, November 27, 1963.

Class of Building or Type of Structure _____ Installation.

Other buildings on same lot

Lessee's name and address ...

Architect

Last use

Estimated cost \$

Material.

PERMIT IS

QE: 5 1963

CITY of PURTIAND

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: . Within Fire Limits? Dist. No. Owner's name and address Osteopathic Hospital of Maine, 335 Brighton Ave. Telephone. Telephone... Contractor's name and address Jamas A. McBrady, 169 Front St., So. Port. Telephone 799-7343 No. families No. familiesRoofing .. Fee \$ 5.00 General Description of New Work To install gravity ventilator in kitchen of new wing as per plan Fermit Issued with Letter

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 James A. McBrady

Details of New Work

	DUCALS OF THEM TOTAL
	this work?Is any electrical work involved in this work?
Is connection to be made to	public sewer? If not, what 15 proposed for sewage?
Has septic tank notice been	sent?
Height average grade to top	of plate
Size, front depth	
Material of foundation	Thickness, top bottom
Kind of roof	
No. of chimneys	and Material of chimneys of lining
Framing Lumber-Kind	Dressed or full size? Corner posts
Size Girder	Columns under girders Size
Studs (outside walls and can	rying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters:	1st floor
On centers:	1st floor
Maximum span:	1st floor
If one story building with n	nasonry walis, thickness of walls?

If a Garage

Nt., 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: 0.12-12/5/63-

Signature of owner ...

CS 101

INSPECTION COPY

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

PH

Miscellaneous

James A. McBrady

This ventilator is in connection with fans for ventilation of new addition.

١ NOTES Cert. of Occupancy issued Final Inspn. Form Check Notice Staking: Out Notice Inspn. closing-in Final Notif. Notif. closing-in 12-11.63 Phoned archilocts for detial stopping 574 . 7.5. 4 Completori R i V 11 L • • / 5 Mary Contract of . . • د ب · . . . 4 11 1 1 . . 995 ně -1.7 Mat is the

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Memorandum from Department of Building Inspection, Portland, Maine

AP- 335 Brighton Avenue

Sept. 17, 1963

Paul B. McLellan Co. 52 Narginal Way

* W. 5634. . . .

ce to: Osteopathic Hospital of Maine, Ind. 335 Erighton Avenue

Gentlamen:

Ferrit to construct a 1-story brick and concrete addition on rear of building $15^{110} \times 29^{130}$ as per plan is being issued subject to the fire alarm system being extended from the kitchen into this new, storage addition.

4

Very truly yours,

Cerald E. Mayberry Deputy Building Inspection Director

GEMIM

CS-27

. f. î

RE RESIDENCE ZONE

APPLICATION FOR PERMIT

2nd. Class Class of Building or Type of Structure . September 9, 1963 Portland, Maine, ..

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications: Location 335 Brighton Ave. Within Fire Limits? Dist. No..... Owner's name and address Osteopathic Hospital of Maine, 335 Brighton Ave. Telephone. Lessee's name and address Telephone... Contractor's name and address Paul B McLellan Co. 52 Marginal Way Architect Hospical Proposed use of building No. families Last use No. families Other buildings on same lot Estimated cost \$ 4,000.00 8.00 Fee \$.....

General Description of New Work

To construct 1-story brick and concrete addition on rear of building 15'11" x 29'3" es per plan.

Perinit Issued with Memo

SEP 17 1963

ATTY of PORTLAND

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 contructor

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?	i i i i i i i i i i i i i i i i i i i	
Is connection to be made to public sewer? If not, what is proposed for sewage? Has septic tank notice been sent? Form notice sent? 01 c4 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 concret e Least 4* betown solid or filled land? earth or rock? No. of chimneys Material of chimneys. of lining Kind of heat fuel Framing Lumber-Kind Dressed or full size? Corner posts Sills Sills Size Girder Colupns under girders Size Max. on centers Sills Joists and rafters: 1st floor 2nd 3rd , roof Maximum spau: 1st floor , 2nd , 3rd , roof	Is any plumbing involved in	this work?
Has septic tank notice been sent?	is connection to be made to	public sewer? If not, what is proposed for seware?
Height average grade to top of plate No. stories solid or filled land? earth or rock? Size, front depth No. stories solid or filled land? earth or rock? Material of foundation concrete Thickness, top bottom cellar Kind of roof Rise per foot Roof covering Kind of heat fuel No. of chimneys Material of chimneys of lining Kind of heat fuel Framing LumberKind Dressed or full size? Corner posts Sills Sills Size Girder Colupns under girders Size Max. on centers Sills 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 Maximum span: 1st floor 2nd , 2nd , 3rd , roof	Has septic tank notice been	sent?Form notice sent?
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Kind of roof Rise per foot Roof covering No. of chimneys Material of chimneys of lining Kind of heat fuel Framing LumberKind Dressed or full size? Corner posts Sills Sills Size Girder Columns under girders Size Max. on centers Sills 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	Size, front depth	nNo. stories solid or filled land?earth or rock?
Kind of roof Rise per foot Roof covering No. of chimneys Material of chimneys of lining Kind of heat fuel Framing LumberKind Dressed or full size? Corner posts Sills Sills Size Girder Columns under girders Size Max. on centers Sills 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	Material of foundation	ncrete collar
No. of chimneys Material of chimneys of lining Kind of heat fuel Framing LumberKind 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 On centers: 1st floor 2nd 3rd roof Maximum span: 1st floor 3rd roof	Kind of roof	
Framing LumberKind Dressed or full size? Corner posts Sills Size Girder Colupns 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. On centers: 1st floor. 3rd , roof Maximum span: 1st floor. , 2nd. , 3rd	No. of chimneys	
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: Ist floor 3rd On centers: 1st floor 3rd Maximum span: 1st floor 3rd	Framing LumberKind	Dressed or full size?
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	Size Girder	Columns under girders Size Max, on centers
Joists and rafters: 1st floor	Studs (outside walls and ca	rrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
On centers: 1st floor	Joists and rafters:	1st floor
Maximum span: 1st floor	On centers:	1st floor
If one story building with masonry walls, thickness of walls?	Maximum span:	1st floor
	If one story building with n	asonry walls, thickness of walls?

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
M. E. M. W/ memor	Will work require disturbing of any tree on a public street?
	Will there be in charge of the above work a person competent to
41.01.01.01.01.01.01.01.01.01.01.01.01.01	see that the State and City requirements pertaining thereto are
-lanifana distante di successione di successione di la constante di la constante di successione di successione	observed? Yes
	Ostepatnic Hospital of Maine Inc.
C 301	Phul & McLellan Co.
INSPECTION COPY Signature of owner	: 1 Quel & W. Elland
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PERMIT TO DISTALL P	LUMBING		,			230U	
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PORTLAND	Owner's Add	lress:	Sama	Data:	6-17	67	
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By JOSEPH D. MELCH	3		SEPTIC TANKS				
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	ι	Date Jarmen 20, 1963			TANKLESS WATER HEATERS			I	- 7	
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	y	Dati 14-18-58	Install	ation F	or Osterbether Hope
Ŷ.		PORTLAND PLUMBING	Owne	or of Bl	dg.,
		INSPECTOR	Own	or's Ad	dress: n
		By A. F. Lewich	Plumb	er:	E h Q
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		By HOWell			TOILETS 2nd Quar
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		TYPE OF BUILDING	1	<u> </u>	GARNAGE GRINDERS
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PERMIT 3989	Address: 335 Biseptore	5-27-1
Date	Installation For:	A. CARLEY TO THE
PORTLAND PLUMBING	Owner of Bldg.	a de la col
INSPECTOR	Owner's Address:	A. Carlos M. C.
By	Plumber: 2 -27 Cine - 2 Date: -	8-18-56
APPROVED FIRST INSPECTION	NEW REP'L PROPOSED INSTALLATIONS	NUMBER
Date 14-06-	29 SINKS	29 12:20
Date	2.5" (1) LAVATORIES STATE IN THE PROPERTY OF A STATE	31 4.79
B ON Whit	89 Mar TOILETS WITH THE FAST STATE OF ST	11: 12:45
APPROVED FINAL INSPECTION	2 BATH TUBS	2 24
ny Sala and a little a hear	2. SHOWERS SHOWERS	2 24
Date_Man. 0,28-	13 DRAINS TRADE CONTRACT	13 1.5%
Stat Back MONDA	HOT WATER TANKS	6. 10 WY2 W
B) JULIA	2 TAHKHISS WATER HEATERS D	29 .24
TYPE OF BUILDING	2. GARSAGE GRINDERS 122. ANT LEAST ST	2 24
	4 SEPTIC TANKS Seed pinsters for this	X44 44
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		PERMIT TO INSTALL PURGING	
	NUMBER 3301	Address: 335 Ortho Price	
Ć	Data IssuedA2.516 PORTLAND PLVMBING	Installation For: Manpine.	}
	INSPECTOR By -J Public	Owner's Address: Plumber C. The Date:	2.12-56
	APPROVED FIRST INSPECTION	Plumber Date: Date	NUMBER FEE
	Date Gung 13-57		
	By JOWelch	TOILETS	
	APPROVED FINAL INSPECTION	SHOWERS	一个新闻社。
	Date MAV. 6-54	DRAINS HOT WATER TANKS	
	By J. B. Welst		
	DOMMERCIAL	GARBAGE GRINDERS	
~		HOUSE SEWERS	1 254
1	SINGLE	ROOF LEADERS (conn. to house drain)	<u></u>
			1 758
		ND HEALTH DEPT. PLUMBING INSPECTION	Total

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	PERMIT AAOA	PERMIT TO INSTALL PLUMBING	
	NUMBER 1184	Address: 3.3.5 Fishton ane	
	Date K. Hissel	Installation For:	
80	Issued Dear 16 1954		09
41.0	PORTLAND PLUMBING	Owner of Bldg. O steal at his Haspitali	of marney
	INSPECTOR	Owner's Addressi	amai
	By Joseph R Helo	Plumber: 8 mil m. fuck and Date:	Sear 14, 1954
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	By	TANKLESS WATER HEATERS	
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× 1		ROOF LEADERS (conn. to house drain)	-
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A.F. 329-355 Brighton Ave.

rarch 26, 1964

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Osteopathic Hospital of Maine 335 Brighton Avenue cc to: James Saundors Associates 562 Congress Street cc to: Faul B. McLellan Company 52 Marginal kay

Gentlemont

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こうちょう かいてき かいろう

Certificate of Occupancy authorizing use of new addition to your hospital is issued herewith subject to condition that provision is to be made on the premised for not less than 90 off-street parking spaces as required by the Zoning Ordinance. Finished grading is to be provided outside /ront and rear doors so that there will be no appreciable step 40wns at these locations.

Very truly yours,

Albert J. Sears Suilding Inspection Director

AJSim

BP - 63/608 - 329-355 Brighton Ave.

June 20, 1963

A795.1

James Saunders Associates, 562 Congress Street co to: Paul B. Helolian Co. 52 Marginal May

Gentlement

co to: Osteopathic Mospital of Maine 335 Brighton Ave.

On the basis of the information furnished as to the fireresistive qualities of the Dex-O-Tex traffic bearing roof covering proposed for use on that area of roof of the addition to the detecpathic Hospital to be used as a sun deck, it appears to meet the requirements for a Class B roof covering and is therefore approved for use on this jet as being equivalent to the roof covering required by the Building Gods.

Vory traly yours,

AJS/h

Albert J. Seard Director of Building Inspection AP - 329-395 Brighton Ave.

June 6, 196

Paul B.Kchallan ic. 52 Herginal way ce to: usteepathic Hogel of Has 335 mighton Av

Jameo Sauxiera Ausociatos, 562 Congrece Street

Gentlenen:

Duilding parmit for construction of a one story and baser addition to hospital at the above named location is issued heread to contractor based on plans and specifications filed with explicit for persit and architect's letter of June 4, 1963, but subject the following conditions:

- It is inderstood that the 90 off-streat parking specification by the loning Griinance are either presently eristing will be provided.
- 2. severate permits issuable only to the actual installates required for the installation of heating and cooking/queek, gystems of vertilation, and extension of sprinkler siz.

Very truly yours,

Albert J. Jears director of Building Inspecti

1.J3/h

A.P.-329-355 Brighton Ave.

May 20, 1963

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James Saunders Associates 562 Congress Street

cc to: faul 5. NoLellar Company 52 Marginal Way cc to: Osteopathic Hospital of Maine 335 Brighton Avenue

Gentloment

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Check of plans for addition to hospital at above named location discloses the following variances from and questions as to compliance with Zoning Ordinance and Building Code requirements, about which information indicating compliance is needed before issuance of the general construction permit. Betails in question / are as follows:

- 1. At least 90 off-street parking spaces are required under Zoning Ordinance specifications for the entire hospital, including the proposed addition. Information is needed that this number of spaces are existing or else a plan needs to be filed showing location of existing and any new parking spaces required. While this information need not necessarily be furnished before issuance of permit, it will need to be furnished as soon thereafter as possible.
- 2. Since this property is located in a Residential Zone, your attention is called to the provisions of Section 16-A-8b of the Ordinance limiting to 15 square feet the area of a general identification sign for the project.
- 3. In order to provide the required one-hour enclosure for safe egress of corridor between exit duor from new enclosed stairway st ground floor level and the new entrance, selfclosing is "C" fire doors will be needed across corridor #116 at _______ are its junction with that of the existing building, as well as on opening #103 and at junction of corridors #115 and #116 as indicated in addendum.
- 4. If room #201 is to be used for assemblage purposes involving more than 20 persons at any one time, it is required to be equipped as for a minor assembly hall, which calls for a second means of egress, and sign, and vestibule latch setuon doors if they are to have locking devices on them.
- 5. Since room #110/apparently to be used for assembling purposes, it too must be equipped as for a minor ausembly hall. This, means that white lights on the same circuit as the exit lights C will be needed in the stair hall between openings #110 and #114.
- 6. Entrance to room #110 from inside the building and the exit door to the outside are not as widely separated as could be desired. Unless there is some good reason why it cannot be done, it is suggested that the steps on landing at opening #109 be placed on the opposite end of Landing from that indicated.

Nay 20, 1963

7. The 6 inch step down directly outside opening \$117 as shown in Section 11 on Sheet 14 needs to be eliminated.

8. The following questions concern the type of locking hardware to to used on doors involved in a means of egress:

- a- Vestibule latch sets or equivalent are required on aluminum doors in opening \$104. Apparently there are to be no locks on doors in opening \$115.
- b- Since each leaf of double doors on opening \$109 is only 2 feet 6 inches wide, hardware must be such that toth doors may be opened at all times from the Auditorium side. A vestibule latch set on the working door and anti-panic bar on the standing door would satisfy this requirement.
 - Locks on doors #113,#237,#243 on new stoir tower are required to be vestitule latch sets or equivalent, so installed that the doors can always be operated in the direction of exit travel.
- d- The same applies for doors #239 and #241 and the doors into corridor from former balcony if they are to have linking devices of any kind.

Any rooms in basement (ground floor) to be used for storage or workshops are required to be equipped with cprinkler heads.

- 10. Automatic alarm system will now to be extended to the addition in a manner approved by the Fire Department.
- If sum deck is to be provided on roof, information is needed as to the fire-resistive qualities of the neoprene composition roofing to mest requiremants for Class "A" roofing.

2. Oil burner of heater for domostic hot water is required to bear the label of Underwriters' Laboratories, Inc.

The wooden construction on walls and coiling of Room 110, as far as can be determined from plans, is in excess of the amount of combustible construction allowed by Sec.302-z. of the Code applying to First Class Construction. James Saunders Associates

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- 14. Area of glass or louvers in wall of pent ' house of elevator shaft apparently does not equal the one-tenth of shaft area required by Section 702-b-1:
- 15. Jars will need to be taken to make sure that aggregate area of openings in fireresistive ceilings for piping, ducts, are electric outlets does not exceed 100 square inches in any 100 square feet of ceiling area, and that all duct openings are protected with approved non-combustible fire dampers.
- 16. A statement of design is needed for affixing to the plans.

Very truly yours,

Albert J. Sears Building Inspection Director

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(COPY) CITY OF PORTLAND, MAINE Department of Building Inspection Certificate of Occupancy LOCATION /329-355 Bidghton Avenue Date of Issue March 26, 1964 Osteopathic Hestital of Maine 335 Brighton Ave. Issued to This is to restify that the building, premises, or part thereof, at the above location, built-attended , has had final inspection, has been found to conform -changed as to use under Building Permit No. 63/608 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. APPROVED OCCUPANCY PORTION OF BUILDING OR PREMISES Type A Hospital One story and basement Limiting Conditions: This certificate supersedes certificate issued Approved: Nelson F. Cartwright Inspector Inspector (Date) مكوماد مذرمة به شبعة يعذب شيطة حارد بركايت بشيط يعابده وعارمة وها dotion This certificate identifies lawful uso of building or premises, and cught to be transferred from owner to owner when property changes hands. Copy + 3 be numlahed to owner or lesteo for the dollar.

CS 147

R3 RESIDENCE ZONE

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	APPLICATION Class of Building or Type of Structure Portland, Maine,	FOR		· · · · ·	PERMIT ISSUED JUN. 6 JOBEOS
The und in accordance u specifications, i Location 225 Owner's name Lessee's name Contractor's m	CTOR OF BUILDINGS, PORTLAND, MA lersigned hereby applies for a permit to erect with the Laws of the State of Maine, the Bu f any, submitted herewith and the following pright on Ave. and address Osteopathic Hospita and address Paul McLellan C	INE alter repar tilding Cod specificati 1 of Mai	fr demolish install (le and Zoning Ordi ons: WitBhGFire ine, 335. Brigh Marginal Way	he following inance of th Limits?	Telephone 5951
Proposed use	of building	Bacalous mater pages a.			No families
Material <u>man</u> Other buildin	sonry No. stories <u>2-b</u> Heat			*Billerikenseren esandesis	
To con Odi	struct 2-story mascary addition	n 591101 watu	" x 1471" 25 pc n only is	or plens sucid 5	10/63

Permit Issued with Lett

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

Details of New Work
To any electrical work involved in this work?
Is connection to be made to public sewer?
Haight average grade to many bound of the
Thickness, TOD and DUCCOMPANY CONTRACTOR OF CONTRACTOR
Material of foundationRise per foot Rise per foot
Kind of roof
No. of chimneys
No. of chimneys
Framing Lumber-Kind Diesett of run on Size Max, on centers Size Max, on centers Size Max, on centers
and the set internet of the Bridging in every hoor and has root open of the
2nd 2nd States 3rd www.supersonality.superso
3rd
Maximum span: 1st floor
If one story building with masoning waits, themeso of the story building with masoning waits, the story building waits,

If a Garage

No. cars now accommodated on same lot, to be accommodatednumber 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?......nc Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto ar

Osteopathic Hospital of Maine Peul McLellan Co.

STEW IN

CS 301

APPROVED:

INSPECTION COPY

Signature of owner By:

Final Inspn. 6 1.5 Notes Inspn. closing-in Cert. of Occupancy issued 32664 Final Notif. Form Check Notice Staking Out Notice Notif. closing-in Date of permit ermit No -; . . Rodge eregention 7.6.3 TP. arty classe Bas ment will 63 stool up ED. 20.6.3 B. fen · · · startiny artitic.s 00000 (lenk Ohpreising boiler love For d room A maching \$2-11-Ca 3 Refarrod ardretocts 3 - 25 - 4 4 Com 311 ex.echt: 1st floor # 240 of ching sin . io n order fivedec. Pair Corriding stebs to from & rear cloor.s ŝ Parking: graching 14 De front Paddle on inside 10.4 P Front door. 647 s 11. · .. ·. a. * . **. .** . - , n. 1.1 **.** 0 4 - 14 . • . . 1.1. !' . . $\mathbf{t}_{i},\mathbf{x}$ 0 2130 . .. 0

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APPLICATION Class of Building or Type of Structu	R3 RESIDENCE	IT ISSIED,
Traves St.	s May 9, 1963	
The undersigned hereby applies for a permit to er in accordance with the Laws of the State of Maine, the specifications, if any, submitted herewith and the following Location 335 Brighton Ave.	Building Code and Zoning (ng specifications:	Ordinance of the City of Portland, plans and
Owner's name and addressOsteopathic Hosp	ital_of_Naine335_5	righton Ave. Telephone.
Lessee's name and address	*** ** ** *********	Telephone
Contractor's name and address Paul_McLellan	Co., 28 52 Marginal	Way Telephone
Architect	Specifications	Plans yes No. of sheets
Proposed use of building	lospital	No. families
Last use	lt	No. families
Material		
Other buildings on same lot		
Estimated cost \$		Fee \$ 2.00
General De	scription of New Wo	rk

To Excavate Only for 2-story brick addition 59'10" x 147'

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** contractor contractor

Details of New Work

Is any plumbing involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tauk notice been sent?Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depthNo. storiessolid or filled land?earth or rock?
Material of foundation Th' aress, top bottom cellar
Kind of roofRise 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 Kax, on centers 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, roof
Maximum span: 1st floor, 2nd, 3rd, oof
If one story building with masonry walls, thickness of walls?height?height?height?

If a Garage

.....

	or repairs to cars habitually stored in the proposed building?
APPROVED:	Miscellaneous
0.X-5/10/63/-97	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? <u>yes</u>
	Osteopathic Hospital of Maine

INSPECTION COPY

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

Osteopathic Hospital of Maine Paul McLellan Co. 2

PH

S.

NOTES Final Inspn. Cert. of Occupancy issued Final Nouf. Permit, No. Staking Out Notice Notif. closing-in Form Check Notice Date of permi Inspn. closing-in Erecon 19-63 (as 631 don S. 133 (1) about. des 155 ceed loon. 41D يم رو ا 4.1 ۱ . 5 64 M • + 17. 1 an 1 ۴. 11178 • • . 1000 1.195 ·, ,' 1. ann 1/ 1 * 16 to 1.56 مبر 1 ر. 1 . , İr 60 Th ١. . · / 1.1.1.1. . 1 . 17. 4 . 1 138 3 40 (1,2,1,2)÷., . .. ų. 198 14

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MEMORANDUM FROM DEPARTMENT OF BUILDING INSPECTION, PORTLAND, MAINE

Sould Farmer Co. of raine 70 Free St.

September 15, 1963

Gentlasen:

Location: 335 Brighton Ave. Before tanks and piping are covered from view, installer is required to notify the Fire Department of readiness for inspection and to refrain from covering up until approved by the Fire Fept. 5000 and These tanks of 2000 gallons capacity are nequired to be of steel or wrought iron no less in thickness than #7 gau.e; and before installation are required to be protected against corrosion, even though galvanized, by two coats of tar, asphaltum, or other suitable rust-resisting paint, and special protection wherein corrosive soil such as cinders or the like.

Pipe lines connected to underground tanks, other than tubing dnd except fill lines and test wells, must be provided with double swing joints arranged to permit the tank to settle without impairing the efficiency of the pipe

Owner and installer will have to bear the responsibility for the structural capacity of the tank to support loads from above such as heavy

If tank will be so located as to be subjected to the action of tide water or "ground" water, adequate anchorage or weighting must be provided to prevent "floating" when tank is empty or nearly so.

		FILL IN AND BIGN WITH INK	MIT ISS
(APPLICATION FOR PERMIT FOR	01
	HEAT	ING, COOKING OR POWER EQUIPMENT	SEP 17 196
		Portland, Maine, September 13, 1963	CITY of PART
1992	to the INSPECTOR OF BUI	LDINGS, PORTLAND, ME.	USI V. AULL
a	The undersigned hereby (nce with the Laws of Maine, th	appiles for a permit to install the following heating, cooking or ie Building Code of the City of Portland, and the following spec	power equipment in acco ifications:
		re. Use of Building Hospital No. Sto	
N	ame and address of owner of a	appliance Osteopathic Hospital of Maine, 335 Bri	ghton Ave.
I	nstaller's name and addressG	Ollig Farmer Co of Montes DO D	elephone
		General Description of Work	
Т	o install oil burning eq	uipment in connection with existing hot water	heat.
		ddition	
		IF HEATER, OR POWER BOILER	
	ocation of appliance	Any burnable material in floor surface or beneath? .	
	so, how protected?	Kind of fuel?	
M F	com top of smoke pice	aterial, from top of appliance or casing top of furnace	· · ·· · · · ·· ·····
• •	tom top of smoke pipe	From tront of appliance From sides or back	of appliance
If	gas fired, how vented?	Rated maximum demand	
W	'ill sufficient fresh air be supplied		per hour
			ac'd from Fire Dept.
		Labelled by underwritered	laboratories? roog
	ill operator be always in attend	ance? Does oil supply line feed from top or bottom	of tank? top
-		soncrete	ach.tank.
	ocation of oil storage . out, ow water shut off	side underground Number and capacity of tanks .1	~5000. and 1-2000
	ill all tanks be more than five fee		No
To	tal capacity of any existing stor	et from any flame? Jes How many tanks enclosed? rage tanks for furnace burners none	
		IF COOKING APPLIANCE	
	cation of appliance	Any burnable material in floor surface or be	month ?
	so, how protected?	Height of Legs, if any	· · · · · · · · · · · · · · · · · · ·
	irting at bo tom of appliance?	Distance to combustible material from top of applia	nce?
FT Siz	om front of appliance	From sides and back From top of sm	okepipe
Isl	hood to be provided?		
If	gas fired, how, vented?	··· - 6	ravity?
		LANEOUS EQUIPMENT OR SPECIAL INFORMATIO	N
		d at least 3' helow grade, coated with asphaltu	
		······································	
•••••			
•••••	•••••••••••••••••••••••••••••••••••••••		
 Am			
buil	ding at same time.)	(\$2.00 for one heater, etc., \$1.00 additional for each addition	mal heater, etc., in san
APPROV	<u>۶</u> ۵۰		
+ ++++++++++++++++++++++++++++++++		18/201 Atoms to the term	
-APPR	NO Commins	Will there be in charge of the above wo	rk a person competent i
		see that the State and City requiremen observed? Yes	ts pertaining thereto ar
-0.)J	CHIEF OF FIRE DEPT	Gould Farmer Co	• of Maine
C' 300		- Sant - Sant	
	V.	Signature of Installer By:	

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ALL		FOR PERMIT FO)R	· · ·	00053
	APPLICATION S EATING COOKING	OR POWER EQ	UIPMENT		
H	EATING COOKING	UN I OII Ianua	rv 17. 1963	PTTY of F	nPTLANL
COLTATELY .			ry 17, 1963		-
To the INSPECTOR OF	BUILDINGS, PORTLAND ereby applies for a permit ine, the Building Code of), ME.	na heating, cooking o	r power equipmen	t in accord-
To the INSPECTOR OF The undersigned h ance with the Laws of Ma	ereby applies for a permit	to install the following the City of Portland,	and the following sp	ecifications:	
ALLEA MINTIL LILE LUCO OF			NT. C	tories	atalance "
Location 335 Br	ight on Ave. Use o	f Building Hospita	tal No. 3 1 of Maine, 335	Brighton Ava	• · · · · · · · · · · · ·
12000000				Telephone	
Installer's name and add	ress POTLAIN Mas -	ght Co., 5. remp			•
Instance of the	Genera	al Description of	E Work		
	Vulcan range #6172	- 45A			
To install gas-L1140.					
		TER, OR POWER	BOILER	h? no	
	basement Any	burnable material in f	100r Surface of Benefit	10	
Location of allomatic	Darbana		Kind of fuelt		
. If so, how protected?	his material, from top	of appliance or casin	g top or turnace	back of applianc	e
imum distance to p	From from	t of appliance			
m top of smoke pip e of chimney flue.	Other con		Rated maximum d	emand per hour	
e of chimney had a gas fired, how vent					
gas nreu, now year	ed? be supplied to the applian	ce to insure proper an	d sale continues		
III Sumclent If con an		IF OIL BURN	ER Labelled by under	muniters' laboratori	ies?
6 1		. ·	Labelled by inder	bottom of tank?	
Jame and type of but	mer in attendance?	Does oil supply	line feed from top or f vent pipe		
Will operator be alwa	bys in account	Size of	f vent pipe ber and capacity of ta	nk	
Type of floor beneath Location of oil stora				NO	
alust off		Make	ow many tanks enclos	ed?	· · ····
	e than five feet from any f	Intrie (JAY HILLING CALLER CALL		
Total capacity of an	avisting Slorage Lanks 10				
Torm will you'r		IF COOKING API	e material in floor sur	rface or beneath?	no
Location of appliance	c basement	Any burnabl	e material in noor sa	, if any 4"	
Location of appliance If so, how protected	-		stible material from to	op of appliance?	3.1
Skirting at bottom	A section of 100.	Distance to combin	Li From		e
		rom sides and back	•		
Size of chimney fl	iance 31 Other ie Other ided? existing	connections to same	to existing I	forced or gravity?	IOTCEG
	ded : .ey_some.	head	Rated maximu	m demand per ho	ur
If gas fired, how,	vented? to existin	A A A A A A A A A A A A A A A A A A A	OR SPECIAL INF	ORMATION	
	A STREET & NEOI	IS EUVIPMINA			
T	6/12. A.G.A]. ** [[d			
	······	*	·		
		· · · · · · · · · · · · ·			
*****************					l heater, elc., in
·····	enclosed? 2.00 (\$2.00) for one heater, etc	., \$1.00 additional fo	r each additional	i sicatory cross are
Amount of fee building at sam	enclosed? 2.00 (\$2.00	\frown			
building at sam	/				
APPROR D:	' in a str		there be in charge o	f the above work	a person compet
AFFRICK /	17,63.A	M Will	that the State and C	City requirements	pertaining there
U/ - / ·	The off the State of the State	• SCC			
		ODS	Pol	rtland Gas Li	EUr 00.
	· ··· ········ ·· ····················				
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-	Sint	nture of Installer	1. Wester 1. 1997 W. 1997 W. 1997		

3 March

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		STATEMENT O ELEVATOR TESTS	
R AL	all and	PORTLAND, MAINE, Man 29 62	
W W		G. L. WARD	
,	mployce of	OTIS FLEVATOR COMPANY, ME ND, MAINE, have personally unpervised the	
asat	lation or alteration	OTTS ELEVATOR COMPANY, FOF ND, M.INE , have personally unpervised the ns to the elevator _, hatchways and enclosures at Osteopathic Hospital, 325 Brighton As permitted	ive
ATAS	I Duilding Dannie	and have personally supervised tests of loading capacity and or all brakes, inter-	•
र्देशी	adding and all other s	fery devices, and , in here state that, according to my best knowledge and belief, the elevator	•
With and	safely carry the maxim	im rated loading and all brakes, interlocking and other safety devices are in satisfactory condition	
		Xerron 6 Charcing	-
	<i>li</i> > +	(Signature)	
		PORILAND, MAINE,	
		STATE OF MAINE	
	CUMBERLAND, SS:	ed the above namedand made oath the statements by him	i.
•	subscribed are une.	ed the above named and made oath the statements by him	
		Notary Public Justice of the Peace	
	APPLICANT'S COPY		
	•	1	

14.2

STATEMENT OF ELEVATOR TESTS C PORTLAND, MAINE, Jor G. L. WARD L OTTS ELEVATOR COMPANY, PORTLAND, MAINE as an employee of____ , have personally supervised the installation or alterations to the elevator, hatchways and enclosures at R. E. Brawn, 304 Spring St. as permitted under Building Permit______, and have personally supervised tests of loading capacity and of all brakes, inter-locking and all other safety devices, and I do here state that, according to my best knowledge and belief, the elevator_______ will safely carry the maximum rated loading and all brakes, interlocking and other safety elevices are in satisfactory condition. <u>, K. Wand</u> (Signature) U PORTLAND, MAINE, STATE OF MAINE CUMBERLAND, SS: Personally appeared the above named. and made oath the statements by him subscribed are sue. APPLICANT'S COPY 檺

Memorandum from Department of Building Inspection, Portland, Maine

Amend. #2 AF- 335 Brighton Avenuc Jan. 18, 1962

SanGalli & Sons 53 Portland Street cc to: James Saunders Assov.,562 Congress St. cc to: Gerald M. Kelley, Admins. Osteopathic Hospital of Maine 335 Brighton Avenue

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R.C.

0 K 1-19-62 m 26

Dear Mr. Galli:

Permit to strengthen channel plate in corridor partitions at third floor with (2)-k-inch structural steel channes welded to stude and to strengthen framing around chinney at all floors and roof as per your plan received 1/17/62 is being issued subject to the following are stions

2-hour fire proofing by use of wire lath and plaster or other means is required around angle from columns Hall. supporting framing around the chimney at the first floor.

Very truly yours,

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GEMtm

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Gerald E. Mayboury Deputy Inspector of Buildings

CS-27

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Chanted 6/29/61 61/49 DATE: June 29, 1961

No () () ()

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HEARING ON APPEAL UNDER THE ZONING ORDINANCE OF OSTEOPATHIC HOSPITAL OF MAINE 329-335 Brighton Avenue

Public Hearing on the above appeal was held before the Board of Appeals.

BOARD OF APPEALS

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Franklin G. Hinckley Harry M. Shwartz Ralph L. Young

les (V) (V)/ (V)/	
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VOTE

Record of Hearing: