

924332 924332

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

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

Owner: Brighton Medical Center Phone # 879-8125

Address: 335 Brighton Ave- Ptld, ME 04102

LOCATION OF CONSTRUCTION 335 Brighton Ave.

Contractor: Murray Construction Co. Phone # 799-8136

Address: Box 253, South Ptld, ME 0411C

Est. Construction Cost: 147,000 Proposed Use: hosp w intercom Zoning: R3

# of Existing Res. Units: \_\_\_\_\_ Par Use: no

Building Dimensions: \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion: Interior renovations - 2nd fl (Resp Thera)  
- 3rd fl (Pulm SUI) Ceiling

**PERMIT ISSUED**

Date: 11/5/92 For: Official Use Only

Inside Fire Limits: \_\_\_\_\_

City Code: \_\_\_\_\_

Time Limit: \_\_\_\_\_

Estimated Cost: 47,000

NOV 18 1992

CITY OF PORTLAND

Street Frontage Provided: \_\_\_\_\_

Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shoreland Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Exception \_\_\_\_\_

Other: WDA - 11-6-92 (Explain)

**HISTORIC PRESERVATION**

Not in District per Landmark \_\_\_\_\_

Does not require review. \_\_\_\_\_

Requires Review. \_\_\_\_\_

- Foundation:**
- Type of Soil: \_\_\_\_\_
  - Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
  - Footings Size: \_\_\_\_\_
  - Foundation Size: \_\_\_\_\_
  - Other: \_\_\_\_\_

- Floor:**
- Sills Size: \_\_\_\_\_ Sills must be anchored.
  - Girder Size: \_\_\_\_\_
  - Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
  - Joists Size: \_\_\_\_\_ Spacing 16" O.C.
  - Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
  - Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
  - Other Material: \_\_\_\_\_

- Exterior Walls:**
- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
  - No. windows \_\_\_\_\_
  - No. Doors \_\_\_\_\_
  - Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
  - Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
  - Corner Posts Size \_\_\_\_\_
  - Insulation Type \_\_\_\_\_ Size: \_\_\_\_\_
  - Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
  - Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
  - Masonry Materials \_\_\_\_\_
  - Metal Materials \_\_\_\_\_

- Interior Walls:**
- Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
  - Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
  - Wall Covering Type \_\_\_\_\_
  - Fire Wall if required \_\_\_\_\_
  - Other Materials \_\_\_\_\_

- Roof:**
- Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
  - Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
  - Roof Covering Type \_\_\_\_\_
- Chimneys:** Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_
- Heating:** Type of Heat: \_\_\_\_\_
- Electrical:** Service Entrance Size: \_\_\_\_\_ Smoke Detector Required: Yes \_\_\_\_\_ No \_\_\_\_\_
- Plumbing:** Service Entrance Size: \_\_\_\_\_
- Approval of soil test if required: Yes \_\_\_\_\_ No \_\_\_\_\_
  - No. of Tubs or Showers \_\_\_\_\_
  - No. of Flushes \_\_\_\_\_
  - No. of Lavatories \_\_\_\_\_
  - No. of Other Fixtures \_\_\_\_\_
- Swimming Pools:**
- Type: \_\_\_\_\_
  - Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_
  - Must conform to National Electrical Code and State Law.

**PERMIT ISSUED WITH LETTER**

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Permit Received By: Louise E. Chase Date: \_\_\_\_\_

Signature of Applicant: Wayne K. Croft

CEO's District: 16

White - Tax Assessor

Ivory Tag - CEO

CONTINUED TO REVERSE SIDE