

Jean E. Gilpatrick
Page 2
5/20/83

The responsibility for this incident has been clearly accepted to date by the Goodall Tree & Landscaping Co. My clients, despite their reservations concerning any possible complicity on the part of the Osteopathic Hospital of Maine (based, in part, as you already know, on "other" dealings with the said Hospital), are willing to accept the current explanation as to "fault".

The philosophy of settlement is perhaps the most controversial aspect of this problem. There are really two injured parties in this matter (three if you count the Hospital): my clients and the City of Portland Planning Board. Although my clients have the distinct possibility of relief at law, the Planning Board is really more directly the injured party. In the structure of a settlement, my clients are really best served to allow the Planning Board to negotiate the terms. My clients concern, however, is that the Board keep in mind the fact that there are "injuries" to abutting landowners as well. Our position, simply stated, is that Goodall Tree & Landscaping Co., as the admitted transgressor, should be forced to restore the premises in question to provide the maximum amount of privacy and noise abatement - no matter what the cost. My clients appreciate the reality that the premises in question cannot be restored to its former grace and status. It could even be argued that my clients will be better served in the long run by the plan of restoration presently approved by Mrs. Grimes. The bottom line, however, is that the remedy imposed should directly correspond with the seriousness of the offense in question. To borrow a phrase from criminal law, "the bigger the crime, the larger the time.." This is the operative philosophy of my clients.

The specifics of the proposed plan present some problems in and of themselves. Mrs. Grimes has suggested that the "berm" effect of the series of small White Pines (5/6' in height) would be best served by allowing Goodall to plant these small trees. Her theory is that a large number of small trees will eventually grow together and form a nice "hedge". Our concern with this approach is whether the same desirable effect could be created with "taller" trees. Taller trees (12/14' in height) are admittedly much more expensive to purchase and install than shorter trees. The question becomes whether a smaller number of taller trees will achieve the same effect as a larger number of smaller trees in the same time period. The height problem becomes even more critical when you consider two other factors: (a) the privacy afforded instantly by taller trees; and (b) the more complicated issue of growth with respect to smaller trees. To elaborate on this latter problem, keep in mind that if the trees in question are not planted until the Fall (which Mrs. Grimes holds open as an option in the current Goodall plan), they will remain dormant until the Spring. It is entirely possible that the small trees will have to be in the ground for a good two years before they achieve any appreciable growth. One has to question whether this might be too high a price to pay in the short run for the desirability of the "berm effect".

Jean E. Gilpatrick
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Another specific problem with the proposed plan (i.e. the precise location of the edge of the parking lot and the areas to be planted) was apparently resolved to my clients satisfaction at a meeting with staff and Hospital representatives on Wednesday, May 18, 1983. From what I understand of what was explained at that meeting, the boundaries proposed are acceptable IF the project in fact conforms to same. Given what has transpired to date, I am sure that you can appreciate a degree of concern on behalf of my clients that the final result is as advertised.

The final specific problem concerns the time frame of the guarantee proffered by Goodall as to the survival of the species to be planted. Mrs. Grimes, following the customary standards articulated by the American Association of Nurserymen, has suggested the usual one year time frame. In most cases this would not be a problem. In the instant case, however, bear in mind that my clients will never "own" these trees. It is not a case of being granted a one year warranty and bearing the burden two years down the road if the tree dies. My clients have an extremely vested interest in insuring that the trees to be planted "survive" (particularly those trees - the White Pine - that would form the "berm"). My clients would like to be assured that there would be a continuing obligation on the part of somebody (probably the Osteopathic Hospital of Maine) that the "hedge" would be maintained for the foreseeable future. Can you imagine the potential harm to my clients if two critical trees in the middle of the "berm" suddenly keel over and die? It is not as if my clients owned the trees and could run out and immediately replace them. That is the toughest part of this problem.

I have appreciated your co-operation and concern in dealing with this unfortunate situation. I do not wish to impose time constraints on your Board, but I would urge you to implement the corrective solution on or before June 15, 1983. The reason for that date (which Ann Grimes would confirm) is that tree planting beyond this period is best deferred until Fall or the following Spring. My clients would truly appreciate some relief before the Summer.

If you have any questions regarding this letter or would like to discuss this matter further, please do not hesitate to contact me. I am always available in the early morning or middle evening in Portland.

Yours sincerely,

BRIAN C. HAWKINS, ESQ.

BCH/bbc

cc: Joseph E. Gray, Jr. ✓
Bruce E. McAfee
Fisk E. Hallidy, D.O.

*From
For Center
File*

OSTEOPATHIC HOSPITAL

Note to file RE: Meeting of 6/15/83 *AG*

Present: Anne Grimes
Gerry Goodall
Bruce MacAfee
Dr. Halliday
Brian Hawkins, Esq.

Landscaping plan as presented by Gerry Goodall was agreed upon to include the following:

- 14 8-10' Pines (these will be close to 10' tall) for hedge
- 14 12-14' Pines (scattered throughout plant protection zone)
- Goodall will create a berm where possible.
- All plant material will conform to AAN specifications and will include a standard City of Portland guarantee.
- The three trees adjacent to Halliday's property (along the fence) will be removed.
- Halliday and MacAfee would like the hospital to remove the fence posts from the area where the old chain-link fence was located.
- Brian Hawkins wants an agreement from the hospital that will state that the trees to be planted by Goodall will remain as long as MacAfee and Halliday own the property abutting the plant protection zone. I suggested that this was really an issue between the hospital and Halliday/MacAfee. However, I also suggested that Hawkins contact Joe Gray to see if this issue had already been addressed in previous meetings of the Planning Board prior to approval of the project.
- MacAfee/Halliday are concerned that the existing snow fence has been placed closer to Halliday's property than originally agreed upon at the meeting of 5/19/83. I suggested that they contact Joe Gray's office or the hospital and request that this matter be investigated.
- Gerry Goodall is to send me a revised landscaping plan immediately so that it can be approved and the plant material can be installed.

CITY OF PORTLAND, MAINE
MEMORANDUM

TO: Joseph Gray, Director of Planning & Urban Development

DATE: 6/27/83

FROM: Anne R. Grimes, City Arborist ARG

SUBJECT: Osteopathic Hospital

Enclosed is a copy of a letter from Goodall Tree and Landscaping Company and the revised landscaping plan which I have approved. In addition to the items outlined in the letter, the following will apply:

All plant material will conform to the specifications of the American Association of Nurserymen (ANSI Z60.1 - 1980)

All plant material will be planted and guaranteed according to Section VI and VII of the City of Portland Arboricultural Specifications and Standards of Practice (attached).

Please let me know if you have any questions concerning this matter. Will you please inform Gary Barnett that the revised landscape plan has been accepted.

ARG/sh

cc: George A. Flaherty, Director of Parks/Public Works
Richard E. Anderson, Sr., Director of Operations
Victor C. Esposito, Superintendent of Parks/Public Bldgs.
Sam Hoffses, Chief of Inspection Services ✓
Rick Knowland, Planning Dept.
File

Attachments

Goodall

TREE & LANDSCAPING CO.

Living Grounds Need Regular Care

25 GRAY ROAD

PORTLAND, MAINE 04105

797-2800

June 15, 1983

Re: Planting for Dr. Hallidy 772-2765
& Bruce McAfee

Dear Sirs:

As we agreed orally this morning, we will install four sections of six foot stockade fence, after removing the three trees leaning over it, for Dr. Hallidy.

We will plant fourteen white pine trees, 9/10 ft., to form a hedge around the fences, after raising up the land behind Dr. Hallidy's fence. These trees are marked A on the sketch.

We will plant fourteen white pines, 12/14 ft., spaced in such a way as to allow the sucker growth, that is starting up, to grow. These pines are marked B on the sketch.

Due to the apparent shrinkage of the buffer zone, we may not be able to plant all these trees until construction is finished.

As Ann Grimes mentioned, we will give a one year guarantee on these trees.

Yours truly,

GOODALL TREE & LANDSCAPING COMPANY

George W. Goodall, Jr.
George W. Goodall, Jr., President

GWG:ly

SHADE TREE CARE

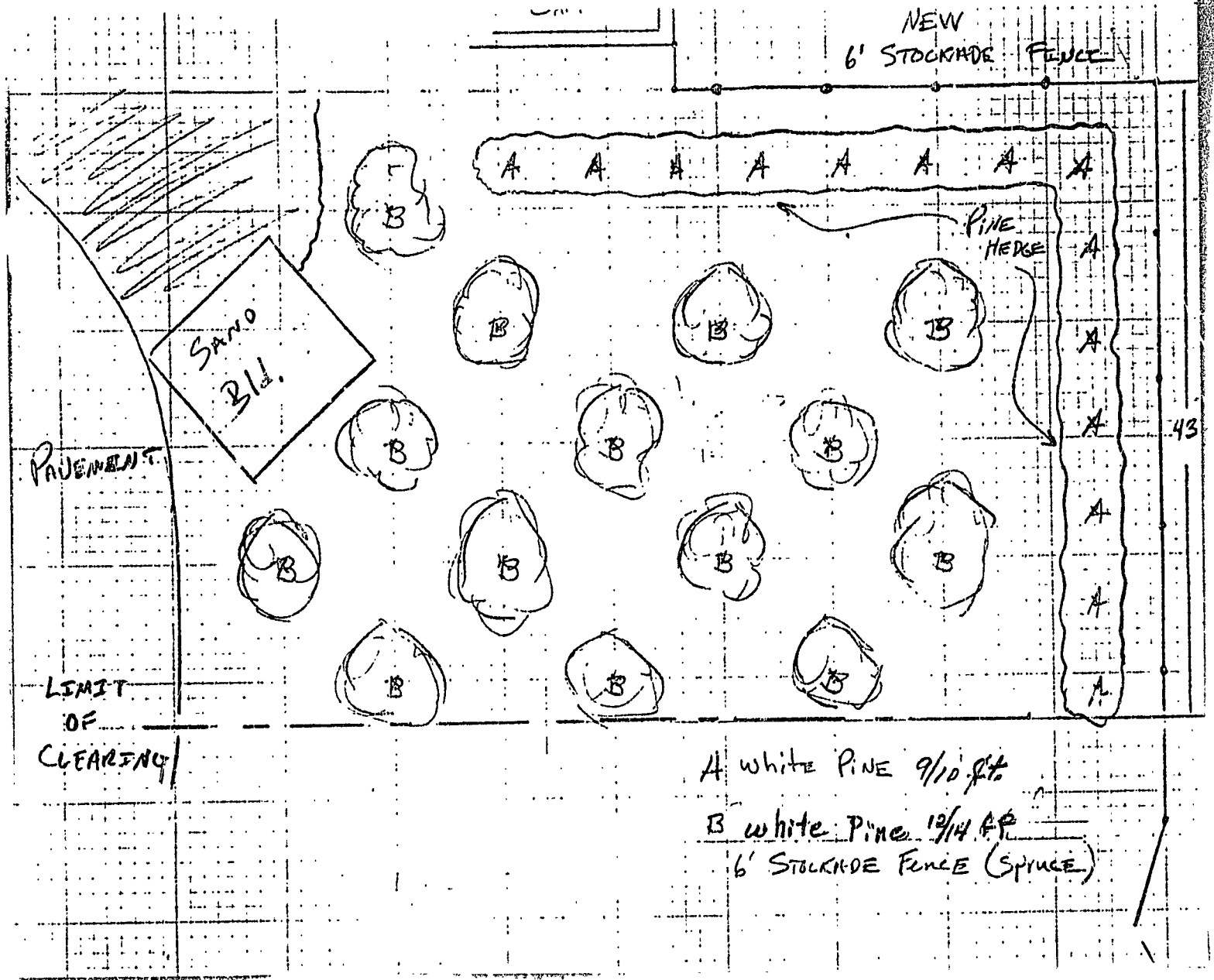
PRUNING
REMOVAL
INSECT & DISEASE CONTROL
FERTILIZATION

LANDSCAPING

DESIGN
INSTALLATION
MAINTENANCE
LAWN CARE

NURSERY

TREES, SHRUBS,
& EVERGREENS
FERTILIZERS
INSECTICIDES



SECTION IV (continued)

and insect pests, and shall have a well developed and compact root system. Plant material showing signs of lack of pruning, cultivation, and other proper nursery care will be classified as collected stock regardless of their source and shall be rejected.

All plants shall conform to the measurements specified on the plant lists. The only exception to this is that plants larger than those specified in the plant list may be used, but only with prior written approval of the City Arborist or LA.

SECTION V TIME OF PLANTING

No plant material shall be moved after bud break unless so authorized by the City Arborist. Planting period will be April-June/ September-October.

✓ SECTION VI INSPECTION OF PLANT MATERIAL

No plants will be planted which have not been inspected by the City Arborist. In order to facilitate this inspection, the Contractor shall inform the City Arborist at least 24 hours in advance as to what plants are to be planted in what locations. Any plants which are planted without receiving this inspection may be rejected and must be removed by the Contractor and replaced by the Contractor with inspected stock. The City Arborist reserves the right to inspect plant material at the nursery, staging area, or job site. Inspection will continue until release of the bond, for that development.

✓ SECTION VII ESTABLISHMENT PERIOD, MAINTENANCE, GUARANTEE, REPLACEMENTS

The acceptability of the plant material furnished and planted under this contract shall be at the end of the period of establishment as outlined herein. During the period of establishment the Contractor shall employ all possible means to preserve the plants in a healthy and vigorously growing condition and to insure their successful establishment. During the establishment period, Contractor shall water, cultivate, repair wires and stakes, as may be required and do any other work to maintain the plants in a healthy growing condition. All dead or rejected plants shall be promptly removed and replaced by live healthy plants meeting the same specifications. If such plants are declared unacceptable during the planting season they shall be replaced during this planting season (April-June 15, 1982). Otherwise they shall be replaced during the next subsequent planting season. No payment shall be made for unsatisfactory work during the establishment period. All replacements are subject to the same requirements as the original plants.

SECTION VII (continued)

The establishment period shall commence as soon as all plant material has been planted. This commencement shall be initiated by written notification from the Contractor to the City Arborist or his designated agent requesting an inspection of the work. If the work meets the specifications of the contract City Arborist shall notify Contractor in writing that the project has been accepted preliminarily and the date of that letter shall mark the beginning of the twelve month establishment period. Contractor will be considered responsible for the plants until the time of Final Acceptance at the end of the twelve month establishment period.

City Arborist or his designated agent will make a Final Inspection of the projects at the end of the establishment period. All replacements of dead, unhealthy, or unsatisfactory trees will have been made by the Contractor(s) by this date. Final Acceptance will not be given to the project until every plant is replaced as necessary, and all plants are found to be in a satisfactory condition by the City arborist or his designated agent.

CITY OF PORTLAND, MAINE
MEMORANDUM

TO: Joseph Gray, Jr. Director of Planning and Urban Development
FROM: Fred Williams, Code Enforcement Officer
SUBJECT: Temporary fence erected by the contractors for the Osteopathic Hospital project encroaching on a citizens property.

DATE: 6-16-83

Measurements were taken this date June 16, 1983 and found the temporary fence to be 33½ feet from the complaintant's property. A call was placed to Paul Stevens of Stevens Associates and he was made aware of the complaint and my findings. Mr. Stevens stated the fence would be moved to the required specifications.

cc: Sam Hoffses, Chief of Inspection Services
Ann Grimes

APPLICATION FOR CERTIFICATE OF OCCUPANCY FOR USE OF PREMISES

Portland, Maine May 11, 1983

Location 335 Brighton Avenue Zone R-3

To the INSPECTOR OF BUILDINGS, Portland, Maine

The undersigned hereby applies for a certificate of occupancy to allow the use of the above named premises for 105 passenger cars

as set forth on the attached site plan (made by Stevens Associates whose address is Oak Street) to show compliance with the Zoning Ordinance according to the intended use and the zone in which the property is located; and in accordance with the following pertinent information:-

Owner (name, address and phone number) Osteopathic Hosp of Maine - 335 Brighton Ave.

Lessee (name, address and phone number) N/A 774-3921

Is proposed use to be accessory to a building or other use on this lot? yes. If so, what is use of building or other use hospital

If off-street parking is sought, what is proposed maximum number of vehicles to be parked - passenger cars? 105, commercial vehicles none

Have you secured on the site plan the written approval of existing and proposed entrances to and exits from the premises for vehicles over public sidewalks by the Traffic Engineer (Dept. of Public Works)? yes. And, if access to the premises is available from more than one street, have you secured similar approval by the Planning Board? yes.

Have you shown on the site plan the true location of all trees on the public street along the frontage of the premises (both streets if a corner lot)? yes

Do you propose to remove or disturb any tree on a public street? done. If so, have you secured on the site plan the written approval of the Director of Parks and Recreation? work done, was notified before doing

Signature of Owner
By Daniel Head (Candidate Const. + Bldg.)
(duly authorized thereto)

fee - \$35.00 *****
THIS IS NOT A CERTIFICATE OF OCCUPANCY

To:
COMMENCING the above proposes use of the premises would be IN VIOLATION of the Zoning Ordinance unless a Certificate of Occupancy is first procured from the Department of Building Inspection.
However, improvement of the premises according to the site plan and the above application may now proceed without further authorization, but subject to the conditions indicated below - notice of readiness for final inspection to be given to this department when the premises have been placed in compliance with the requirements:

(Date) May 19, 1983

PERMIT ISSUED
DEPT. OF BUILDINGS

00437

PERMIT ISSUED
MAY 19 1983
CITY of PORTLAND

Inspector Copy

335 FRIGHTON AVENUE



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP B.O.C.A. TYPE OF CONSTRUCTION 0232

MAR 26 1984

ZONING LOCATION PORTLAND, MAINE March 21, 1984

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 - Street Level Fire District #1 [] #2 []
1. Owner's name and address Osteopathic Hospital of Maine - same Telephone 774-3921
2. Lessee's name and address Telephone
3. Contractor's name and address Consolidated Constructors & Bldrs. - P.O. Box 4599, DHS, Portland 04112 Telephone 774-2626
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 \$34,000.00

FIELD INSPECTOR - Mr. @ 775-5451
Appeal Fees \$
Base Fee
Late Fee
TOTAL \$ 189.00

New partitions in waiting area on street level.

ISSUE PERMIT TO #3

Stamp of Special Conditions

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? ... Yes. Is any electrical work involved in this work? ... Yes.
Is connection to be made to public sewer? ... If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber - Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span. 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of wall 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 David Leach Phone 774-2936
Type Name of above David Leach for Consolidated Constructors [] [] [] []
Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Portland
Street: 335 Washington Ave
Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: Thompson First: Joseph M
Applicant Name: Thomas Kelly

Mailing Address of Owner/Applicant (if Different): Commercial St.

PORTLAND PERMIT # 355 TOWN COPY
Date Permit Issued: 3-23-84 \$ _____ FEE
L.P.I. # _____ Double Charged
Loc. Plumbing Inspector Signature: _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Thomas Kelly Date: 3-23-84

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: MAY 15 1984

PERMIT INFORMATION

This Application is for:
1. NEW PLUMBING
2. RELOCATED PLUMBING
APR 20 1984
APR 3 - 1984

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

Plumbing To Be Installed By:
1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNFR
LICENSE # L-16687

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

TOWN COPY

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 0232

MAR 26 1984

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION R-3 PORTLAND, MAINE March 21, 1984

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 - Street Level Fire District #1 , #2

1. Owner's name and address Osteopathic Hospital of Maine - same Telephone 774-3921....

2. Lessee's name and address Telephone

3. Contractor's name and address Consolidated Constructors & Bldrs. - P. O. Box 4599, DTS, Portland 04112 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 \$34,000.00... Appeal Fees \$

FIELD INSPECTOR—Mr. Williams Base Fee

@ 775-5451 Late Fee

New partitions in waiting area on street level.

TOTAL \$ 180.00.....

Stamp of Special Conditions

ISSUE PERMIT TO #3

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? ... yes Is any electrical work involved in this work? ... yes.....

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

Has septic tank notice been sent? Form notice sent?

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

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

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

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

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

Size Girder Columns under girders Size Max. on centers

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

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

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

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

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

IF A GARAGE

No. cars now accommodated on same lot , to be accommodated number commercial cars to be accommodated

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

APPROVALS BY: DATE MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? ...

ZONING: Ok Will there be in charge of the above work a person competent

BUILDING CODE: to see that the State and City requirements pertaining thereto

Fire Dept: are observed? yes

Health Dept:

Others:

Signature of Applicant David Leach Phone # 774-2626...

Type Name of above David Leach for Consolidated Const. 2 3 4

Other

and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

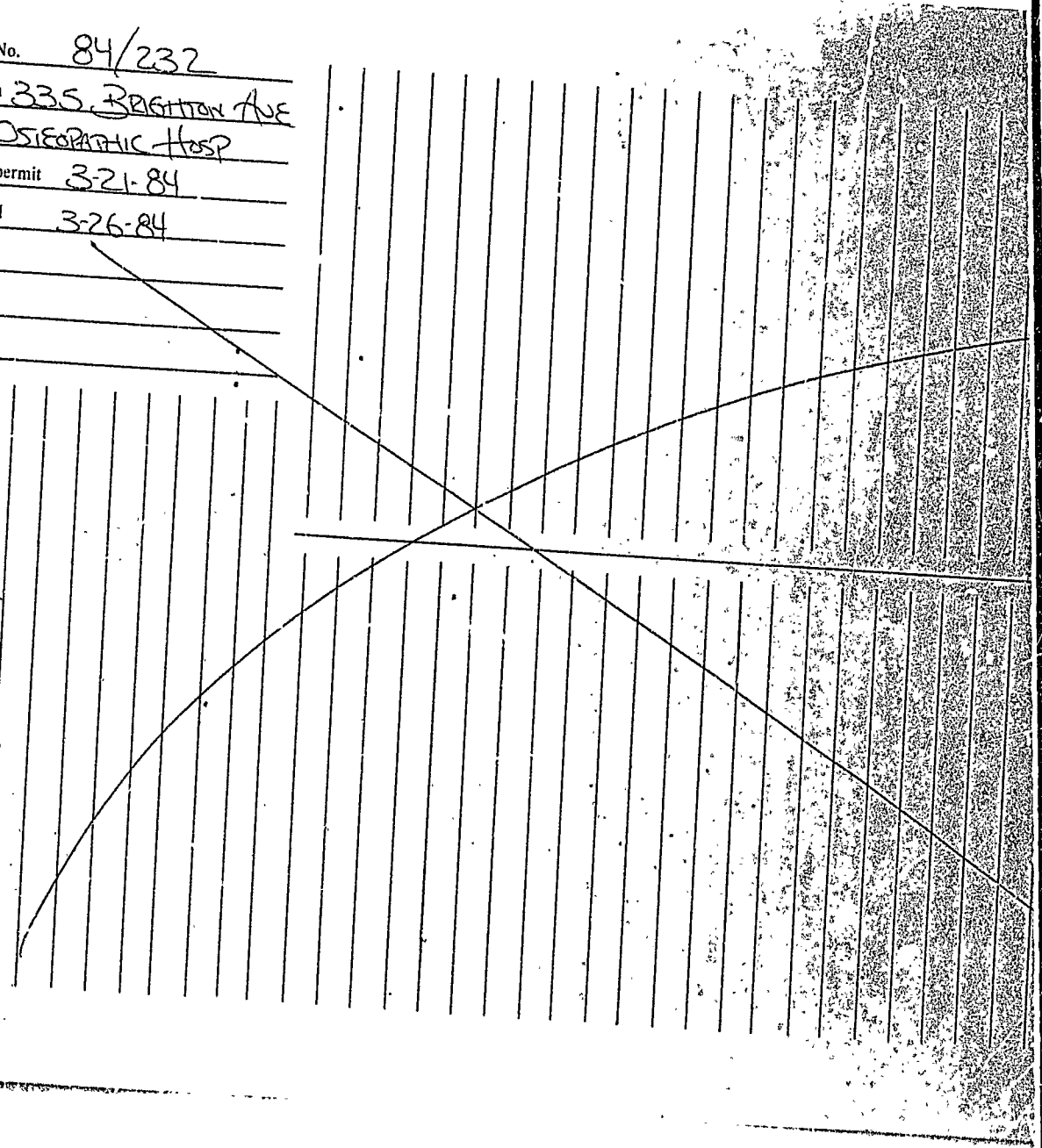
OFFICE FILE COPY

Mr. Williams

Permit No. 84/232
Location 335 BRIGHTON AVE
Owner OSTEOPATHIC HOSP
Date of permit 3-21-84
Approved 3-26-84
Dwelling _____
Garage _____
Alteration _____

NOTES

7-11 WORK COMPLETE



3

APPLICATION FOR PERMIT

PERMIT ISSUED
OCT 10 1984
CITY OF PORTLAND

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 01253
ZONING LOCATION PORTLAND, MAINE ..Oct. 10, 1984

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 Hospital of Me. - same Telephone
2. Lessee's name and address Telephone
3. Contractor's name and address Bailey Sigr Co. P. O. Box 761 - 04104 Telephone 774-2843
..... 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 \$.....

FIELD INSPECTOR—M- @ 775-5451
Appeal Fees \$
Base Fee 18.00...
Late Fee
TOTAL \$ 18.00..

To erect 15 sq ft of sign, letters only as per plans. 1 sheet of plans. stamp of Special Conditions

send permit to # 3 04104

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?

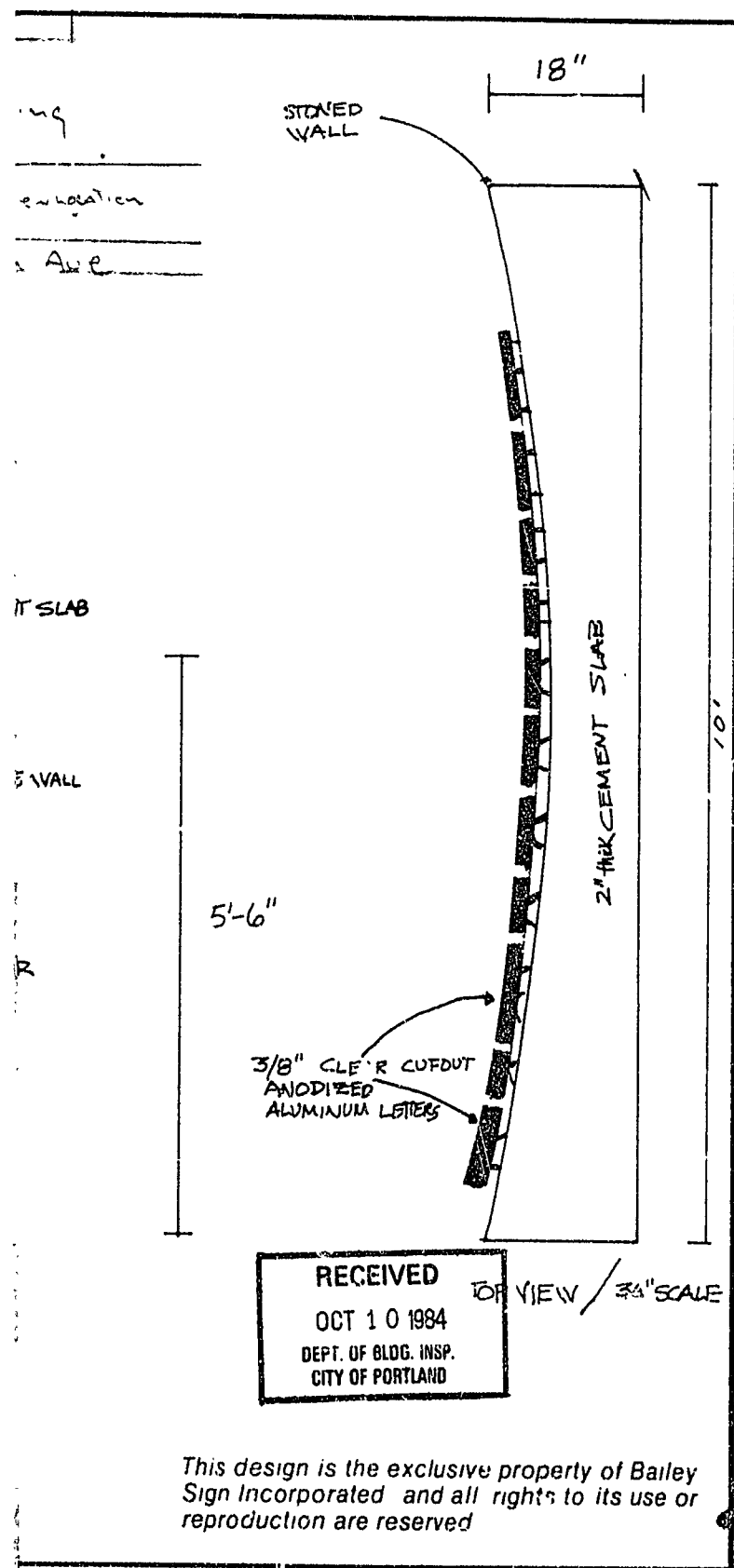
IF A GARAGE

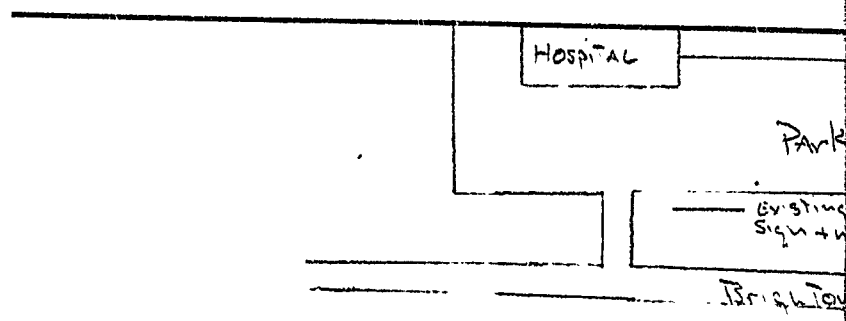
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Fire Dept.:
Health Dept.:
Others:

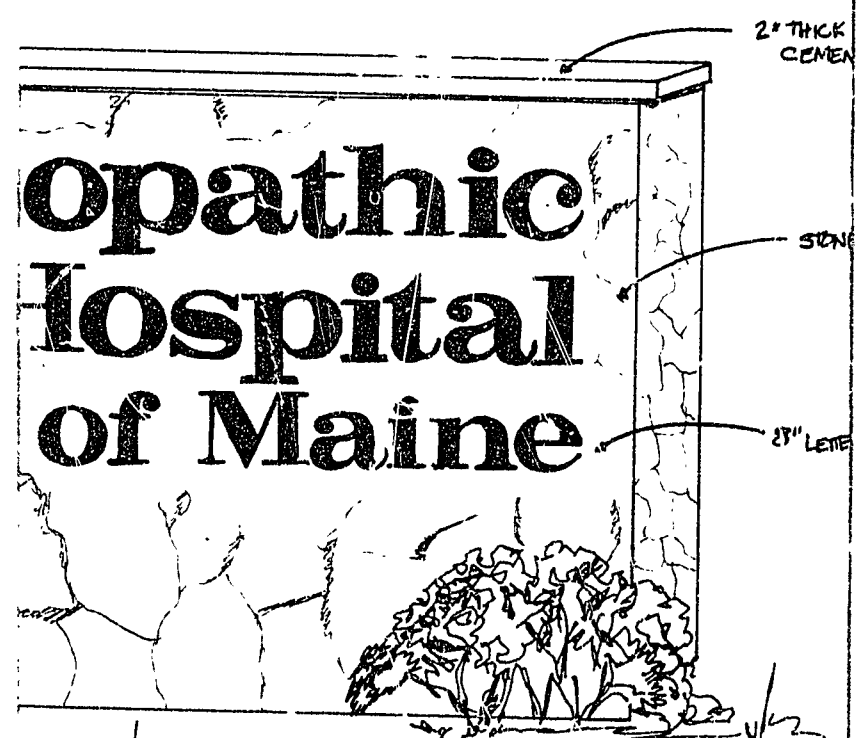
Signature of Applicant Phone # same
Type Name of above Robert Young for Bailey Sigg 1 2 3 4
Other
and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY





10'



FRONT VIEW / 3/4" SCALE

- TYPE STYLE: CRAWL MODERN BOLD
- 3/8" CLEAR CUTOUT MODIFIED ALUMINUM LETTER.

Job Number

1183 (REVISED)

Customer

OSTEOPATHIC HOSPITAL
335 BRIGHTON AVE.

Date

10-4-84

Scale

3/4"

3/4"

3/4"

Location

© 1984 F. SPILLER, INC.

baileysign
Thompson Point Box 761 Portland, Maine 04104
1-4 2843



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 01253

ZONING LOCATION R-3 PORTLAND, MAINE Oct. 10, 1984

OCT 10 1984

CITY OF PORTLAND

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

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1. Owner's name and address Osteopathic Hospital of Me. - same Telephone

2. Lessee's name and address Telephone

3. Contractor's name and address Bailey Sign Co. P. O. Box 761 - 04104 Telephone 774-2843

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 \$ Appeal Fees \$

FIELD INSPECTOR - Mr. W.L. Williams @ 775-5451 Base Fee 18.00

Late Fee

TOTAL \$ 18.00

To erect 15 sq ft of sign, letters only as per plans. 1 sheet of plans.

Stamp of Special Conditions

send permit to # 3 04104

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
BUILDING CODE: to see that the State and City requirements pertaining thereto
Fire Dept.: are observed?
Health Dept.:
Others:

Signature of Applicant Phone # same

Type Name of above Robert Young for Bailey Sign 1 2 3 4
Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

W.L. Williams

NOTES

12-20 NO SIGN YET TW

1-10-85 STILL NO SIGN TW

1-29 STILL NO SIGN TW

2-7 STILL NO SIGN. A CALL TO
 BAILEY SIGN FOUND THAT THEIR
 WAITING FOR THE HOSPITAL TO
 BUILD THE FLOWER BASE TO
 INSTALL THE LETTERS ON TW

2-26 STILL NO SIGN.
 PERMIT EXPIRED TW

~~Blank lined area with a large X drawn through it.~~

Permit No. 811 1253
 Location 935
 Owner [Signature]
 Date of permit 12/10/84
 Approved 10-10-84
 Dwelling [Signature]
 Garage [Signature]
 Alteration [Signature]

~~Blank lined area with a large X drawn through it.~~

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE

0.01176
Oct. 10, 1985

OCT 16 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 137 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 Columbia Constr Co. - 28 Concord St. Telephone 617-944-3900
3. Contractor's name and address North Redding, Mass Telephone 757-3
Proposed use of building hospital No. of shee.
Last use same No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 10,000
FIELD INSPECTOR--Mr. @ 775-5451 fee paid for original permit
TOTAL \$

To make interior demolitions to hospitals
fee was paid for on original permit
work on demolitions are on plans to file in office Stamp of Special Conditions
price of demolition was paid in 40,020.00 fee pd # 11543

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" () 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:
BUILDING CODE: Will there be in charge of the above work a person competent
Fire Dept.: to see that the State and City requirements pertaining thereto
Health Dept.: are observed?
Others:

Signature of Applicant J. Bruce Gordon Phone # same
Type Name Columbia Constr. Co. 1 2 3 4
Other
and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

OB

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

OCT 29 1985

B.O.C.A. TYPE OF CONSTRUCTION 01242

ZONING LOCATION PORTLAND, MAINE June 12, 1984

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 here with and the following specifications:

LOCATION 335 Brighton Ave. (Osteopathic Hosp.) Fire District #1 #2

1. Owner's name and address Osteopathic Hospital of Maine, Inc. - same Telephone 774-3921

2. Lessee's name and address 53 Concord St., North Portland, Mass. 01864

3. Contractor's name and address Columbia Construction Co. - Portland Telephone

..... No. of sheets

Proposed use of building No. families

Last use No families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$810,000.00

Appeal Fees \$40,000.00

FIELD INSPECTOR - Mr.

Base Fee 300.00 Site Plan Review

@ 775-5451

Late Fee

TOTAL \$

Site Plan Review

New construction and renovation project, as per plans.

Stamp of Special Conditions

ISSUE PERMIT TO #1

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: ...
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? ...
Fire Dept.: ...
Health Dept.: ...
Others: ...

Signature of Applicant ... Phone #

Type Name of above Gary L. Barnett - Administrator : 2 3 4

Other

and Address

9

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: PORTLAND
Street: 335 BRIMLEY AVE
Subdivision Lot #

PROPERTY OWNERS NAME

Last: ADAMATHIC First: DAVID

Applicant Name: CARVILLE

Mailing Address of Owner/Applicant (if Different): BRIMLEY

PORTLAND PERMIT # 1,345 TOWN COPY

Date Permit Issued: MAY 28 1986 FEE: 335 Double Fee Charged:

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1111

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 1/28/85

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

Local Plumbing Inspector Signature: [Signature] Date Approved: MAY 28 1986

PERMIT INFORMATION

This Application is for:
1. NEW PLUMBING
2. RELOCATED PLUMBING
OCT 28 1985
FEB 4 1986

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

Plumbing To Be Installed By:
1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # 1111

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	1	Hosobibb / Silcock	4	Bathtub (and Shower)
		1	Floor Drain	2	Shower (Separate)
		2	Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.	1	Drinking Fountain	1	Wash Basin
		1	Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
			Grease/Oil Separator		Dish Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: <u>[Handwritten]</u>	2	Water Heater
	Hook-Ups (Subtotal)	11		33	
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	21	Fixtures (Subtotal) Column 1
				33	Fixtures (Subtotal) Column 2
				33	Total Fixtures
				\$335	
				\$	Permit Fee (Total)
				\$335	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
 Street: 332 BRILLIANT AVE
 Subdivision Lot #

PROPERTY OWNERS NAME

Last: ORTHOPATHIC First: HOSPITAL
 Applicant Name: CORVEL CO.
 Mailing Address of Owner/Applicant (if different): BOX 1307

PORTLAND PERMIT # 1,345 APPLICANTS COPY

Date Permit Issued: 1/17/28/85 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # _____

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER SIX MONTHS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 1/22/85

Inspection Required

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

Local Plumbing Inspector Signature: _____ Date Approved: 1/11/1987

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING
 2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER - SPECIFY: Commercial

Plumbing To Be Installed By:

1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D. HOUSING DEALER/MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER

LICENSE # 4521

FEB 25 1987

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	1	Hosebibb / Silcock	4	Bathtub (and Shower)
		1	Floor Drain	27	Shower (Separate)
		2	Urinal	12	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.	1	Drinking Fountain	4	Wash Basin
		1	Indirect Waste	11	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)	14	Other: _____	2	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	183	Fixtures (Subtotal) Column 1
				21	Fixtures (Subtotal) Column 2
				324	Total Fixtures
				335	Permit Fee
				\$	Hook-Up Fee
				\$355	Permit Fee (Total)

APPLICANT COPY

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 725

B.O.C.A. TYPE OF CONSTRUCTION

JUN 10 1986

ZONING LOCATION PORTLAND, MAINE June 9, 1986.

City Of Portland

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

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

LOCATION ... 335 Brighton Avenue ... Fire District #1 , #2
1. Owner's name and address Osteopathic Hosp Of Maine - same ... Telephone ... 774-3921
2. Lessee's name and address ... Telephone ...
3. Contractor's name and address R. J. Grondin & Sons, Inc., Box 85 ... Telephone 854-1147...
PR # 4 Gorham 04038 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 \$...

FIELD INSPECTOR—Mr. ... @ 775-5451 ...
To remove 2 tanks, 1, 5000 gal and 1 2,000 gal. fuel oil - underground ...
Appeal Fees \$...
Base Fee ... 70.00 ...
Late Fee ...
TOTAL \$...

Stamp of Special Conditions

send permit to # 3 04038

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 cover ...
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 ...
Suds (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: ...
BUILDING CODE: ... Will there be in charge of the above work a person competent
Fire Dept.: ... to see that the State and City requirements pertaining thereto
Health Dept.: ... are observed? ...
Others: ...

Signature of Applicant ... Phone # ... same ...
Type Name of above ... Harry C. Aiken for ... 1 2 3 4
R J Grondin & Sons Inc Other ...
and Address ...

9 FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY
ma. Williams

Permit No 86/735

Location 834 Spring Valley Ave

Owner O. J. ...

Date of permit 6-19-86

Approved J. M. - 86

Dwelling

Garage

Alteration None

NOTES

OK RW

[Large section of the page is crossed out with a large diagonal line.]

Grondin

R. J. GRONDIN & SONS
General Contractors

May 28, 1986

Dept. of Environmental Protection
Station 17
State House
Augusta, Maine 04333

Attn: Jim Hynson
RE: Osteopathic Hospital of Maine
Fuel Tank Removals

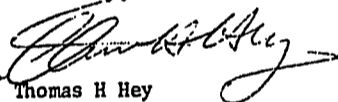
Dear Sir:

Please be informed that we have been subcontracted to perform the site work for the OHM expansion and part of our job is to remove two (2) fuel tanks - (1) 2000 gal. and (1) 5000 gal. capacity. Both tanks are at least 20 years old and both have been recently pumped out by Seacoast Ocean Services (see enclosed copy of invoice).

We understand that you require a ten (10) day notice in writing prior to such work. We plan to remove the tanks on or about June 9, 1986.

Please call if you have any questions.

Sincerely,


Thomas H Hey
Controller

cc: Portland Fire Dept.

THH/jg

RECEIVED
JUN - 9 1986
DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

RR 4 Box 65 • Bartlett Road • Gorham, Maine 04038 • (207) 854-1147

Equal Opportunity Employer



Seacoast Ocean Services

DIAL (207) 774 2111
P.O. BOX 2216
SEACOAST CENTER, PORTLAND, MAINE 04106

519

38084

TO Osteopathic Hospital of Maine, Inc. **PAID** APR 23 1986
335 Brighton Avenue
Portland, Maine 04102
MAY 9 1986

DATE OF INVOICE 4/22/86
INVOICE NUMBER 1207

4276.2

DATE OF JOB	OUR ORDER NUMBER	CUSTOMER'S PURCHASE ORDER NUMBER	TERMS: NET 20 DAYS
3/13/86	1207-486	2450/5100	
DESCRIPTION OF SERVICE/MERCHANDISE			AMOUNT
Pump oil from one F/O tank, filter and pump into second tank.			
3/15 Pumped 2000 gallons.			
Vacuum truck and Operator 1300-1600 3 hrs.			\$55.00/hr \$165.00
Second operator " " 3 "			17.00/hr 51.00
Filter 1 day			50.00/da 50.00
3/16 Pumped 4500 gallons to second tank. Pumped bottoms.			
Vacuum truck and operator 0730-1230 5 hrs.			55.00/hr 275.00
Second operator " " 5 "			17.00/hr 85.00
TOTAL INVOICE			\$626.00

1-5,000 gal Tank
1-2,000 gal Tank

RECEIVED
JUN - 9 1986

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE

459 APR 25 1986

April 23, 1986 City of Portland

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

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

LOCATION 335 Brighton Avenue Fire District #1 , #2
1. Owner's name and address Telephone 774-3921
2. Lessee's name and address Telephone
3. Contractor's name and address Celco Co. - Pigby Ind. Park - So. Portland Telephone 773-3865
Proposed use of building temp construction for office use No. of sheets
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ Appeal Fees \$
FIELD INSPECTOR—Mr. @ 775-5451 Base Fee 25.00
Late Fee
TOTAL \$

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~

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

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? no Is any electrical work involved in this work? yes
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories soild 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
Fire Dept.: to see that the State and City requirements pertaining thereto
Health Dept.: are observed? yes
Others:

Signature of Applicant Einar Rousela for Phone # same
Type Name Osteopathic Hospital 1 2 3 4
Maintenance Supervisor Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

October 11, 1985

J. Bruce Gordon
Colombia Construction Co.
58 Concord Street
North Redding, MA

RE: Interior demolition Osteopathic Hospital
Brighton Avenue, Portland

Dear Mr. Gordon:

In reviewing your demolition permit application, I would like to know if you plan to disturb any asbestos containing material in your proposed interior demolition at the Osteopathic Hospital.

If any asbestos pipe lagging, sprayed/troweled on asbestos or any other asbestos product is to be removed, certain provisions must be made to protect the public and employees from the friable asbestos material to preclude a hazardous risk to them.

Before the demolition permit is issued, you must present a plan to safely deal with this potential hazard (if, in fact, there is any asbestos involved).

Thank you for your attention to this matter.

Sincerely,

John E. Vandoleski

John E. Vandoleski
Assistant Chief of Inspection Services

JEV/kat

cc: P. Samuel Hoffses, Chief of Inspection Services
Fred Williams, District Code Enforcement Officer

APPLICATION FOR PERMIT

PERMIT SUEO

B.O.C.A. USE GROUP ... 001176

OCT 1985

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION ... PORTLAND, MAINE ... Oct. 10, 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 change 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. ... Telephone ... 774-3921

2. Lessee's name and address ... Telephone ... 774-3900

3. Contractor's name and address Columbia Constr. Co., 58 Concord St., North Redding, Mass. ... Telephone ... 774-3921

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 \$... 10,000 ... Appeal Fees \$...

FIELD INSPECTOR - Mr. ... @ 775-5451 ... Base Fee ... 70.00

fee pd for on original permit

TOTAL \$

To make interior demolitions to hospitals fee was paid for on original permit work on demolitions are on plans on file in office

PERMIT ISSUED WITH LETTER

price of demolition was paid in 40,020.00 fee pd # 11543

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 BUILDING INSPECTION - PLAN EXAMINER ZONING: BUILDING CODE: Fire Dept.: Health Dept.: Others:

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

Signature of Applicant J. Bruce Gordon Phone # ... SAME ...

Type Name of above J. Bruce Gordon 1 2 3 4

for Columbia Constr. Co. Other and Address

PERMIT ISSUED

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

[Handwritten signature]

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 0 773

ZONING LOCATION PORTLAND, MAINE July 12, 1985

JUL 12 1985

City of Portland

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

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

LOCATION 335 Brighton Avenue Fire District #1 #2

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

2. Lessee's name and address Telephone

3. Contractor's name and address Consolidated Bldrs. & Constr. -105 Telephone .. 774-2626
Commercial St. 04112

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 \$

Base Fee 120.80

Late Fee

TOTAL \$

Stamp of Special Conditions

FIELD INSPECTOR—Mr. @ 775-5451

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

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
BUILDING INSPECTION—BY AN EXAMINER
ZONING:
BUILDING CODE:
Fire Dept.:
Health Dept.:
Others:

MISCELLANEOUS
Will work require disturbing of any tree on a public tree? 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

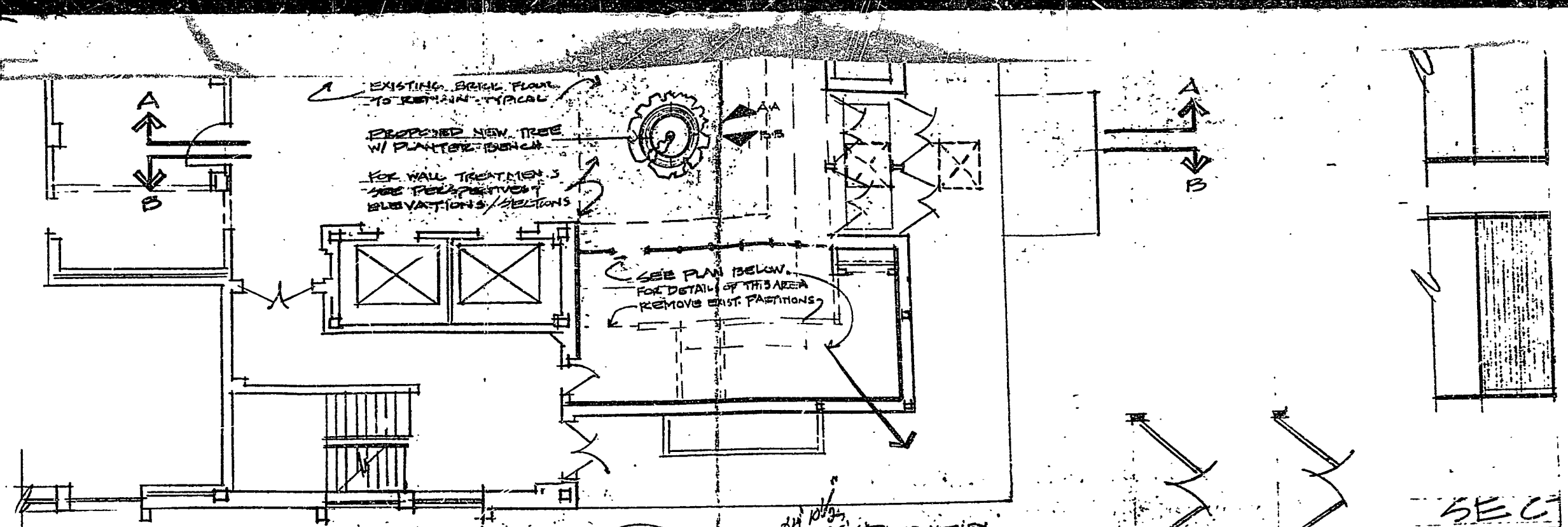
Signature of Applicant *Ronald H. Curless* Phone # same
Type Name of above *Ronald Curless for* 1 2 3 4
Consolidated Bldrs. & Constr.
and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

9 *MR. WILLIAMS*



OSTEOPATHIC HOSPITAL OF MAINE
PROPOSED LOBBY PLAN

SCALE: 1/8" = 1'-0"

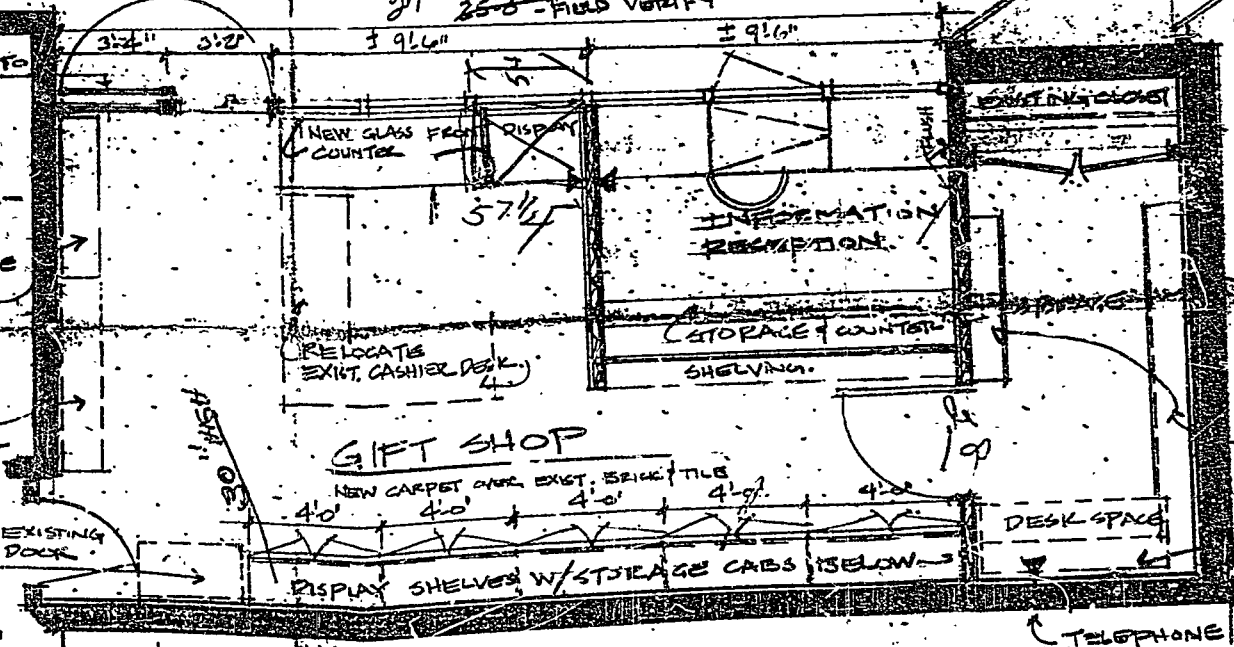
RELOCATED MAGAZINE RACK. CUT OFF 1'-0" TO FIT IN SPACE AS SHOWN. REMOVE EXIST. PANEL

RELOCATED CARD RACK. ADD FLEX CARD FRONT & BLOCK UP SLOTS.

RELOCATED CANDY RACK - 36" WIDE

PROVIDE HINGES TO ALLOW DOOR TO OPEN 180° W/ CATCH

NOTE: PROVIDE SHOP DRAWING FOR APPROVAL BEFORE PROCEEDING WITH WORK.



GIFT SHOP PLAN

SCALE: 1/4" = 1'-0"

USE METAL SHELVES IN EXISTING GIFT SHOP STORAGE AREA IF POSSIBLE. ALLOW SPACE FOR STAND. 5'-0" DESK, PROVIDES 4' LONG SHELVES ABOVE.

RECEIVED

JUL 12 1985

DEPT. OF BUILDING & CITY OF PORTLAND

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

380

Applicant Osteopathic Hospital of Maine Date July 5, 1984
Mailing Address 335 Brighton Avenue Address of Proposed Site 335 Brighton Avenue
Proposed Use of Site Hospital Site Identifier(s) from Assessors Maps _____
Acreage of Site / Ground Floor Coverage 7.23 acres / Zoning of Proposed Site R-3
Site Location Review (DEP) Required: () Yes () No Proposed Number of Floors 3
Board of Appeals Action Required: () Yes () No Total Floor Area _____
Planning Board Action Required: () Yes () No
Other Comments: _____
Date Dept. Review Due: _____

BUILDING DEPARTMENT SITE PLAN REVIEW
(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
 Requires Board of Appeals Action
 Requires Planning Board/City Council Action

Explanation _____

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

	DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	ST. AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT : ROFTAGE	OFF-STREET PARKING	LOADING BAYS	
COMPLIES		R-3	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
COMPLIES CONDITIONALLY																			CONDITIONS SPECIFIED BELOW
DOES NOT COMPLY																			REASONS SPECIFIED BELOW

REASONS: _____

Warren J. Turner 7/5/84
SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT - ORIGINAL

**PROPOSED CAPITAL EXPENDITURES BUDGET
(CERTIFICATE OF NEED APPLICATION)**

	<u>Estimated Cost</u>
Purchase of Land/related fees	\$ _____
Purchase of Building(s)/related fees	_____
Land surveys, soil tests, borings	<u>10,000</u>
Architects' basic fees (original design and revisions)	<u>600,000</u>
Engineering consultant fees	<u>35,000</u>
Plans and specifications (printing)	<u>20,000</u>
Project Supervision (architect or other)	<u>77,500</u>
Construction (including site and off-site work, general, plumbing, heating, air conditioning, ventilation, electrical, elevators, connecting utilities, etc.)	<u>8,000,000</u>
Contingency Fund	<u>720,000</u>
Fixed Equipment (outside the construction contract) to be purchased directly by the applicant	<u>455,000</u>
Movable Equipment	<u>772,000</u>
Consultant fees (feasibility, financial, manage- ment studies and surveys)	<u>585,057</u>
Legal fees	<u>70,000</u>
Insurance (premium) during construction	<u>50,000</u>
Permit fees (state/local)	_____
Interest during construction	<u>442,943</u>
Federal Agency finance/service fees (FHA/HUD, SBA, FmHA, etc.)	_____
TOTAL ESTIMATED CAPITAL EXPENDITURES	\$ <u>11,837,500</u>

RECEIVED
JUN 14 1984
DEPT. OF PUBL. WORKS
CITY OF PORTLAND

OHM

OSTEOPATHIC HOSPITAL OF MAINE, INC.
335 BRIGHTON AVENUE, PORTLAND, MAINE 04102
EXECUTIVE OFFICE

207/774-3921

June 12, 1984

RECEIVED

JUN 12 1984

DEPT OF BLDG. INSP.
CITY OF PORTLAND

Malcolm Ward
Building and Inspection Services
City Hall
389 Congress Street
Portland, ME 04101

Re: Osteopathic Hospital of Maine
Modernization Program

Dear Mr. Ward:

On September 6, 1983, we submitted a site plan application relative to a construction project being proposed at the hospital. Both the site plan approval and conditional use approval were received from the Portland Planning Board during their meeting of October 25, 1983. Subsequent to that approval, we have been involved in the Certificate of Need process conducted by the Bureau of Health Planning for the State of Maine. The State review has resulted in the need to revise the original plan by decreasing the amount of new construction and retaining a portion of the complex previously scheduled for demolition.

Given the revisions being required prior to State approval, we must now submit a new application to the city for site plan and conditional use approvals based on the revised design.

The following information is being submitted in accordance with Chapter 14 V, Section 14-526 (b)(2) of the Portland City Code.

(a) Item: A description of the proposed uses to be located on the site, including quantity and type of residential units, if any.

Response: The proposed use is a modification of existing Health Care Services and Facilities currently available at Osteopathic Hospital of Maine. The hospital seeks to replace outmoded patient care and support programs in new construction, and renovate major portions of the existing facility to accommodate departments that will be relocated.

TRO

Architecture
Planning
Interiors

February 26, 1985
Comm. No. 5720

Mr. Samuel Hoffses
Chief Inspector
City of Portland
Inspection Services Division
387 Congress Street, Room 315
Portland, Maine 04101

RE: OSTEOPATHIC HOSPITAL OF MAINE
ADDITIONS AND ALTERATIONS

Dear Mr. Hoffses:

There are several code issues that I wish to clarify with you concerning the new construction project at OHM.

1. It has been determined thru field inspection and design drawings that the structure of the five story 1976 building is not totally fire protected. The structure is composed of steel columns and girders, open web steel joists and steel beams with composite metal deck and concrete floor slab. The columns and girders are spray fireproofed, the joists, beams, and metal deck are not.

As we are totally renovating and changing the occupancy of the first floor only, it is our intent to complete the fire protection for the underside of the second floor in accordance with U.L. Design F816. The fireproofing for the remainder of the building will be undisturbed and will remain as is.

2. Because of the rebuilding of the stair at the north end of the existing center building, an accessible egress will not be maintained during the construction process. Temporarily, all egress will be directed to the opposite end of the center building. The interior of the center building is, for the most part, being evacuated and totally gutted and in our opinion a temporary egress is not required.
3. Due to existing structure location and space restrictions the south and east peripheral corridors at the perimeter of the third floor surgical suite will be 7'-4" wide. An extensive analysis was completed and it was determined to be impractical to revise the existing structure to achieve the required corridor width. We hereby request a waiver of the 8'-0" corridor width requirement.

The Ritchie Organization
174 Boylston Street
Chestnut Hill, Massachusetts 02167
617 969-3400
Birmingham, Alabama
Sarasota, Florida

Comm. No. 5720
February 26, 1985
Page 2

It is our intent to comply if possible with all regulatory agency requirements in the design of this facility and your consideration of the issues as previously stated is appreciated.

In the near future, I will call and set up an appointment with you that we can discuss these issues in further detail.

If additional clarification is required, please let me know.

Very truly yours,

THE RITCHIE ORGANIZATION

Russell G. Fuller, Jr.
Russell G. Fuller, Jr.
Project Manager

RGF/jg

cc: R. Hoye
G. Barnett
K. Felix
C. Rizza
I. Nilsen
R. Cormio
R. Dolby
Code File

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3829

PROPERTY ADDRESS:
 Town or Platation: Portland
 Street Subdivision Lot #: 335 Brighton Ave.
PROPERTY OWNERS NAME:
 Last: Osteopathic Hospital
 First: _____
 Applicant Name: The Blake Co.
 Mailing Address of Owner/Applicant (if Different): P.O. Box 831 Portland ME

PORTLAND PERM. # 3,097 TOWN COPY
 Date Permit Issued: 10.3.88 \$ 44 FEE Double Fee Charged
 Local Plumbing Inspector Signature: _____ L.P.I. # _____

Owner/Applicant Statement
 I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.
 Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Codes.
 Local Plumbing Inspector Signature _____ Date Approved: JAN 6 - 1989

PERMIT INFORMATION

This Application is for
 1. NEW PLUMBING
 2. RELOCATED PLUMBING
OCT 4 1988

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

Plumbing To Be Installed By:
 1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D. HOUSING DEALER/MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # 101511

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain	8	Wash Basin
		Indirect Waste	8	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations	1	Other: <u>Mop Basin</u>		Water Heater
\$ Hook-Up & Relocation Fee	1	Fixtures (Subtotal) Column 2	1.6	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			1	Fixtures (Subtotal) Column 2
			1.7	Total Fixtures
			\$44.	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$44.	Permit Fee (Total)

TOWN COPY



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

October 29, 1985

Osteopathic Hospital of Maine
335 Brighton Avenue
Portland, Maine 04102

Dear Sir or Madam:

Your application for new construction and renovation as per plans has been reviewed and a building permit is herewith issued subject to the following requirements:

Site Plan Review Requirements

Inspection Services	Approved	Mr. W. Turner	7/5/84
Public Works	Approved	Mr. R. Roy	7/10/84
Fire Department	Approved	Lt. J. Collins	7/6/84
Planning Division	Approved with conditions:		

Site plan for the Osteopathic Hospital is approved subject to staff revision of the relocation of the loading dock. Proposed landscaping shall meet City arborist specifications.

Building Code Requirements

1. All electrical and plumbing permits must be obtained by masters of their trade.
2. All required means of egress shall be maintained during renovation and construction.
3. All fire protection shall also be maintained during the proposed construction.
4. No certificate of occupancy shall be granted until all site plan and building code requirements are met.

If you have any questions on these requirements, please call this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

PSH/cb

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION ... P-3 ... PORTLAND, MAINE June 12, 1984

OCT 29 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 Ave. (Osteopathic Hosp.) Fire District #1 #2

1. Owner's name and address Osteopathic Hospital of Maine, Inc. - same Telephone 774-3921

2. Lessee's name and address

3. Contractor's name and address Columbia Construction Co. 58 Concord St. North Reading, Mass. 01864 Telephone

Proposed use of building No. of sheets

Last use No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$ 50,000.00

FIELD INSPECTOR—Mr. Appeal Fees \$

@ 775-5451

Base Fee 300.00 Site Plan Review

Late Fee

TOTAL \$ 40,020.00

Site Plan Review New construction and renovation project, as per plans.

Stamp of Special Conditions

ISSUE PERMIT TO #1

PERMIT ISSUED WITH LETTER

NOTE TO APPLICANT: Separate permit 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? ...

APPROVED BY: DATE

BUILDING INSPECTION—PLAN EXAMINER

ZONING: D.K. M.D.T. 10/23/85

BUILDING CODE:

Fire Dept.:

Health Dept.:

Others:

MISCELLANEOUS

Will work require disturbing of any tree on a public street?

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

Signature of Applicant [Signature] Phone #

Type Name of above Gary L. Barnett - Administrator 1 2 3 4

PERMIT ISSUED WITH LETTER

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

19 MA WILLIAMS

NOTES

SP BEING DONE
PHASE 1 COMPLETE
PHASE 2 TO START AS SOON AS
ASBESTOS IS KNOWN
WORK COMPLETE

Permit No. 85/1872
Location 937 Myung City Cms
Owner O'Connell
Date of permit 6/12-85
Approved 10-29-85
Dwelling
Garage
Alteration

~~[Large section of the page is crossed out with a large X.]~~

Permit # 902244 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 # 879-8039
 Address: 335 Brighton Ave; Ptld, 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 **PERMIT ISSUED**
 Date 12/20/90 Subdivision: _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot DEC 31 1990
 Time Limit _____ Ownership: _____ Public _____
 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: OK 10/11/90

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: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Sill Type _____ Weather Exposure _____
 10. Other Materials _____
 11. Other Materials _____

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

HISTORIC PRESERVATION

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

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Action: Approved.
 APPROVED WITH CONDITIONS.

Chimneys:
 Type: _____ Number of Fire Places _____
 Date: 12/20/90
 Quantity: _____

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 D. Benn Date 12/20/90
Rodney Benn as agent of owner

Signature of CEO _____ Date _____

Inspection Dates _____

902218

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$75.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Brighton Medical Center Phone # 879-8006
 Address: 335 Brighton Avenue, Portland, Maine 04102
 LOCATION OF CONSTRUCTION 335 Brighton Ave
 Consolidated Constructors
 Contractor and Builders, Inc. Sub: _____
 Address: 650 Main St., So. Portland Phone # 774-2026
 Est. Construction Cost: \$10,985.00 Proposed Use: X-Ray Room
 Past Use: NA
 # 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 to convert corridor to X-ray room as per floor plan

For Official Use Only PERMIT ISSUED
 Date December 10, 1990 Subdivision Name _____
 Inside Fire Limits _____ Lot DEC 17 1990
 Bldg Code _____ Ownership _____
 Time Limit _____
 Estimated Cost 10,985.00 City of Portland

Zoning: R-3
 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) OK DDA 12-14-90

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

Floor: Existing - slab on grade
 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: NA
 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 3 1/2" Metal Spacing 16" o.c.
 2. Header Sizes 3 1/2" boxed Span(s) 36"
 3. Wall Covering Type 5/8" GWB, lead lined & painted
 4. Fire Wall if required _____
 5. Other Materials _____

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

Roof: NA
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Chimneys: NA Number of Fire Places _____
 Type: _____

Heating: Existing Hot Air
 Type of Heat: Hot Air

Electrical: Existing
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
 Plumbing: Existing
 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: NA
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By _____
 Signature of Applicant [Signature] Date Dec 10, 1990
 Signature of CEO [Signature] Date 12-13-90
 Inspection Dates _____

PERMIT ISSUED WITH LETTER

PERMIT # 31 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Osteopathic Hospital of Maine - Dick Lambrie - 879-8035

Address: 335 Brighton Avenue, Portland 04102

LOCATION OF CONSTRUCTION 335 NE Brighton Avenue

CONTRACTOR: NeoKraft SUBCONTRACTORS: 87-9654

ADDRESS: 686 KNEEM Main Street, Lewiston, Me 04240

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 Erect sign (3' x 5'), 15 sq ft, lighted.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 plan submitted.

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. Br. dging Type: _____ Size: _____

6. Floor Sheathing Type: _____ Size: _____

7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____

2. No. windows _____

3. No. Doors _____

4. Header Sizes _____ Span(s) _____

5. Bracing: Yes _____ No _____

6. Corner Posts Size _____

7. Insulation Type _____ Size _____

8. Sheathing Type _____ Size _____

9. Siding Type _____ Weather Exposure _____

10. Masonry Materials _____

11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____

2. Header Size _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if required _____

5. Other Materials _____

For Official Use Only

Date <u>March 6, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>\$25.00</u>	

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing PERMIT ISSUED
3. Type Ceilings: _____
4. Insulation Type _____ Size MAR 34 1989
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ City Of Portland
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 0

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. _____ 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) _____

OK Date Approved 3-24-89

Permit Received By _____

Signature of Applicant _____ Date 3/6/89

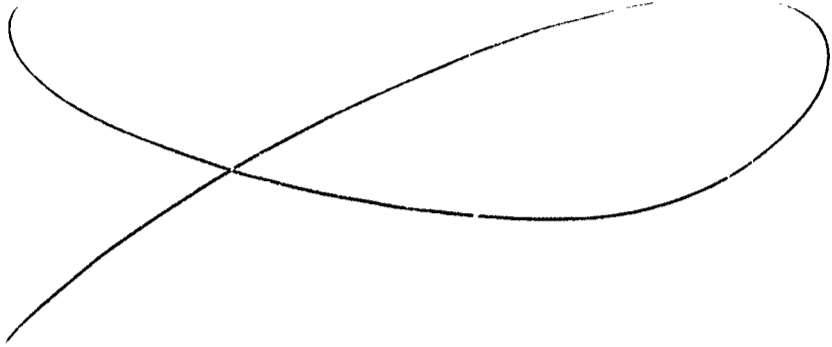
Signature of CEO _____ Date _____

Inspection Dates _____

PLOT PLAN



N



FEES (Breakdown From Front)

Base Fee \$ 25.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ 3.00
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

Signature of Applicant R.D. Dabe Agent for owner Date 3/6/84