

CITY OF PORTLAND, MAINE
MEMORANDUM

TO: Alex Jaegerman, Chief Planner
FROM: Anne R. Grimes, City Arborist
SUBJECT: Osteopathic Hospital

DATE: 3/31/83

Attached, please find a landscape plan submitted by Goodall Tree and Landscaping Company to correct the error that occurred when they were cleaning the area adjacent to the McAfee/Hallicly properties. I have approved the landscape plan contingent upon the following items:

| | | |
|--|-----------|-------------------------------|
| The caliper of the deciduous trees will be increased to: | | |
| 3½ - 4" | 1 | Linden (Tilia cordata) |
| 3 - 3½" | 1 | Maple (Acer platanoides) |
| 2 - 2½" | 5 | Lindens and Maples |
| 1½ - 2" | 7 | Lindens, Maples, Ash, Locusts |
| | <u>14</u> | |

All plant material will meet the standards as set forth by the American Association of Nurserymen (ANZI 1-33)

All plant material will be inspected by the City Arborist or her designated agent prior to planting.

Goodall Tree Company is to provide me with a written statement that the plant material will be guaranteed to remain alive healthy for one full year from the date of acceptance of the planting.

Glenn Anderson from Goodall Tree Co. is to provide me with a letter confirming all of the items listed above in the near future.

If it is agreeable to you, I recommend that the planting be done at the completion of the hospital parking expansion, but no later than November 15, 1983.

Per your request, I inspected the area along Prospect Street (#156-174) where the neighborhood had expressed concern that seven trees had been within the plant protection zone. I found no evidence of this. According to my plan dated July 9, 1982, with revisions on July 16 and July 20, all of the trees that are to be protected along Prospect St. are present. Please note that I would be happy to meet with anyone from the neighborhood if they feel anything is incorrect at this point.

As we discussed, would you please make sure that the neighborhood organization is made aware that I have accepted Goodall's proposal with the above-mentioned items included.

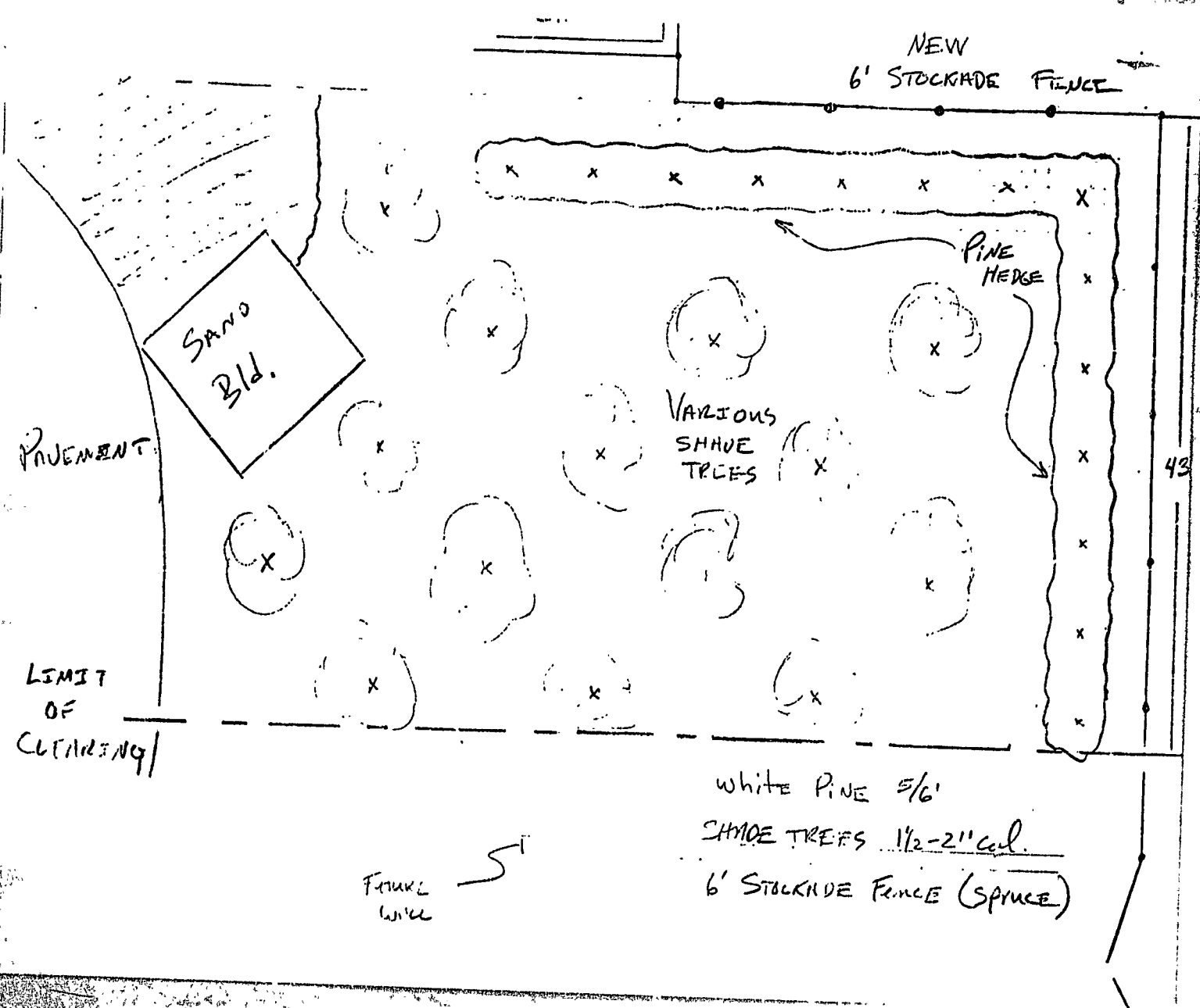
Alex Jaegerman, Chief Planner
March 31, 1983
Page 2

For your information, there will be two people from the Forestry Division who will be making daily inspections of the construction throughout the summer. If anyone from the neighborhood expresses concern at anytime, I will be happy to meet with them at the site of the construction.

ARG/sh

Attachment

cc: Joseph E. Gray, Jr., Director of Planning & Urban Development ✓
Samuel Hoffses, Chief of Building Inspection Services ✓
Rick Knowland, Planner
Jean Gilpatrick, Chairman Planning Board
George A. Flaherty, Director of Parks/Public Works
Victor C. Esposito, Superintendent of Parks/Public Bldgs.
File



Goodall

TREE & LANDSCAPING CO.

Living Grounds Need Regular Care

25 GRAY ROAD

PORTLAND, MAINE 04105

797-2800

March 30, 1983

Mrs. Ann Grimes
Parks & Recreation Department
Forestry Division
239 Park Avenue
Portland, Maine 04102

Dear Ann:

You have requested an increase in size of the deciduous material to be planted in the area of the Osteopathic Hospital. This area consists of fourteen white pine, being 5/6' in height, to form a hedge, fourteen various shade trees, consisting of one linden, 3 1/2" caliper, one maple, 3" caliper, five - 2" calipered maples and lindens, and seven 1 1/2" trees, being made up of lindens, maples, and locusts.

We also will be installing a six foot stockade fence, being made of spruce, on Dr. Mallidy's property.

This plant material will be inspected by you prior to installation and will be guaranteed for one year from date of planting.

I appreciate your understanding in this matter, and if you have any questions or I can be of further use, please feel free to call. Thank you very much.

Yours truly,

GOODALL TREE & LANDSCAPING COMPANY



Glenn Anderson, Representative

GA:ly

SHADE TREE CARE

PRUNING
REMOVAL
INSECT & DISEASE CONTROL
FERTILIZATION

LANDSCAPING

DESIGN
INSTALLATION
MAINTENANCE
LAWN CARE

NURSERY

TREES, SHRUBS,
& EVERGREENS
FERTILIZERS
INSECTICIDES



CITY OF PORTLAND

JOSEPH E. GRAY, JR.
DIRECTOR OF PLANNING & URBAN DEVELOPMENT

April 4, 1983

James W. Roberts
President, DHNA
217 Prospect St.
Portland, ME 04103

Dear Mr. Roberts:

In response to your letter of March 28, we have reinspected the Prospect Street grove area for compliance with the site plan specifications. The City Arborist reports that the limits of tree clearance along Prospect Street conforms to the plan, which is the same finding that I observed when I visited last week. I am enclosing a memorandum from Anne Grimes detailing her inspection as well as the landscape plan for the area abutting the McAfee and Hallidy properties.

Ms. Grimes has approved the replanting plan, subject to the conditions pertaining to the size and types of shade trees to be planted. Attached to her memo is a letter from Goodall Company agreeing to these conditions. We are now prepared to authorize continued construction activity by the hospital. The City Arborist or her assistant will make daily inspection visits to the site when construction resumes.

If you have any further concerns or questions about the replanting plan or project monitoring, please don't hesitate to contact me or Ms. Grimes.

Sincerely,

Alexander Jaegerman
Alexander Jaegerman
Chief Planner

cc: Anne R. Grimes, City Arborist
P. Samuel Hoffses, Chief of Inspection Services, Acting
Planning and Urban Development Director
Dr. Fisk E. Hallidy, 29 Hollis Road
Mr. Bruce McAfee, 176 Prospect St.
Portland Planning Board

Attachment: Memo from Anne R. Grimes, dated 3/31/83 with attachments.

CITY OF PORTLAND, MAINE
MEMORANDUM

TO: Alex Jaegerman, Chief Planner
FROM: Anne R. Grimes, City Arborist
SUBJECT: Osteopathic Hospital

DATE: 3/31/83

ANZI

Attached, please find a landscape plan submitted by Goodall Tree and Landscaping Company to correct the error that occurred when they were cleaning the area adjacent to the McAfee/Hallicly properties. I have approved the landscape plan contingent upon the following items:

| | | |
|--|-----------|-------------------------------|
| The caliper of the deciduous trees will be increased to: | | |
| 3½ - 4" | 1 | Linden (Tilia cordata) |
| 3 - 3½" | 1 | Maple (Acer platanoides) |
| 2 - 2½" | 5 | Lindens and Maples |
| 1½ - 2" | 7 | Lindens, Maples, Ash, Locusts |
| | <u>14</u> | |

All plant material will meet the standards as set forth by the American Association of Nurserymen (ANZI 1-33)

All plant material will be inspected by the City Arborist or her designated agent prior to planting.

Goodall Tree Company is to provide me with a written statement that the plant material will be guaranteed to remain alive healthy for one full year from the date of acceptance of the planting.

Glenn Anderson from Goodall Tree Co. is to provide me with a letter confirming all of the items listed above in the near future.

If it is agreeable to you, I recommend that the planting be done at the completion of the hospital parking expansion, but no later than November 15, 1983.

Per your request, I inspected the area along Prospect Street (#156-) where the neighborhood had expressed concern that seven trees had been cut within the plant protection zone. I found no evidence of this. According to my plan dated July 9, 1982, with revisions on July 16 and July 20, all of the trees that are to be protected along Prospect St. are present. Please note that I would be happy to meet with anyone from the neighborhood if they feel anything is incorrect at this point.

As we discussed, would you please make sure that the neighborhood organization is made aware that I have accepted Goodall's proposal with the above-mentioned items included.

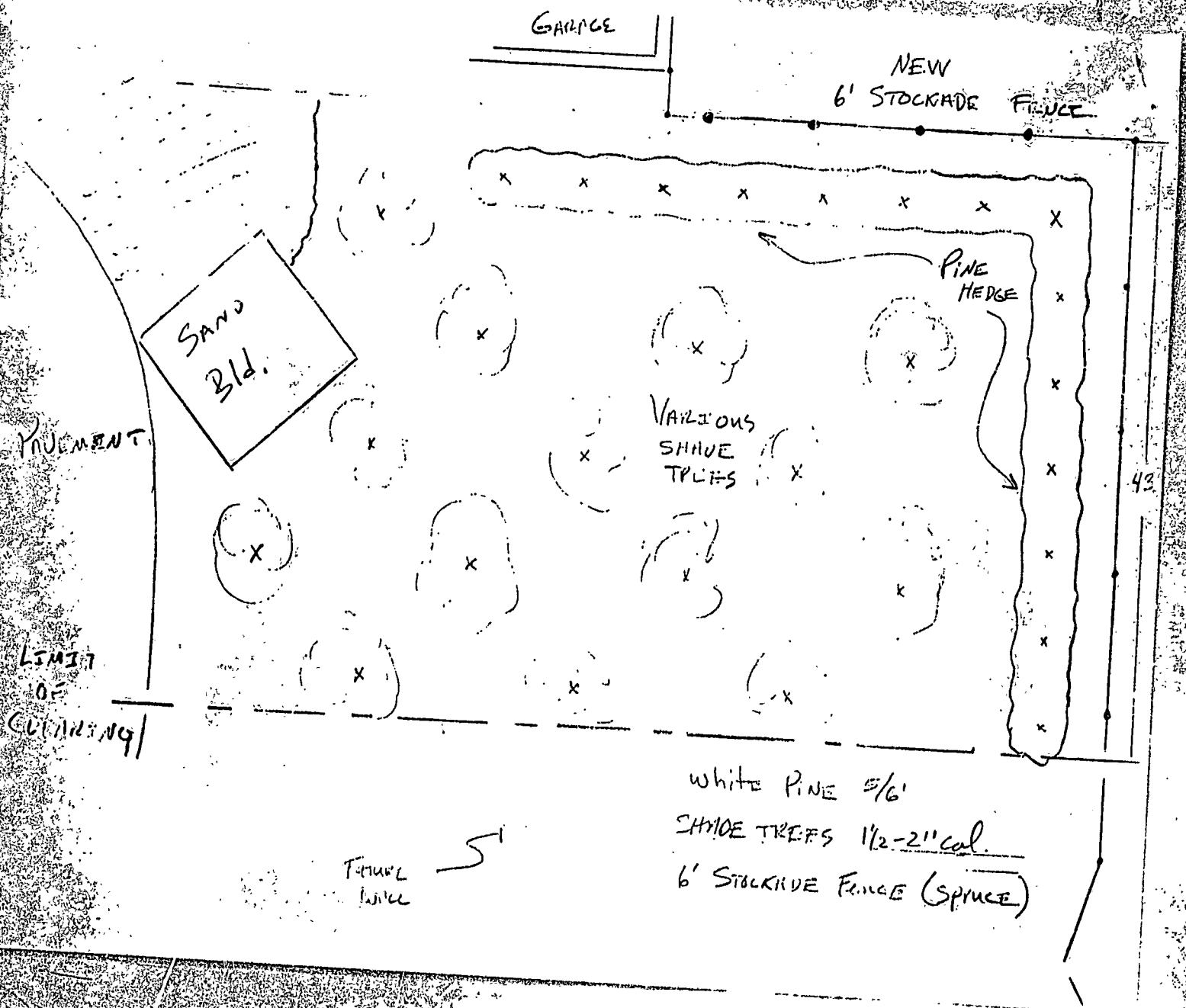
Alex Jaegerman, Chief Planner
March 31, 1983
Page 2

For your information, there will be two people from the Forestry Division who will be making daily inspections of the construction throughout the summer. If anyone from the neighborhood expresses concern at anytime, I will be happy to meet with them at the site of the construction.

ARG/sh

Attachment

cc: Joseph E. Gray, Jr., Director of Planning & Urban Development
Samuel Hoffses, Chief of Building Inspection Services
Rick Knowland, Planner
Jean Gilpatrick, Chairman Planning Board
George A. Flaherty, Director of Parks/Public Works
Victor C. Esposito, Superintendent of Parks/Public Bldgs.
File



Goodall

TREE & LANDSCAPING CO.

Living Grounds Need Regular Care

25 GRAY ROAD

PORTLAND, MAINE 04105

797-2800

March 30, 1983

Mrs. Ann Grimes
Parks & Recreation Department
Forestry Division
239 Park Avenue
Portland, Maine 04102

Dear Ann:

You have requested an increase in size of the deciduous material to be planted in the area of the Osteopathic Hospital. This area consists of fourteen white pine, being 5/6' in height, to form a hedge, fourteen various shade trees, consisting of one linden, 3 1/2" caliper, one maple, 3" caliper, five - 2" calipered maples and lindens, and seven 1 1/2" trees, being made up of lindens, maples, and locusts.

We also will be installing a six foot stockade fence, being made of spruce, on Dr. Hallidy's property.

This plant material will be inspected by you prior to installation and will be guaranteed for one year from date of planting.

I appreciate your understanding in this matter, and if you have any questions or I can be of further use, please feel free to call. Thank you very much.

Yours truly,

GOODALL TREE & LANDSCAPING COMPANY



Glenn Anderson, Representative

GA:ly

SHADE TREE CARE

PRUNING
REMOVAL
INSECT & DISEASE CONTROL
FERTILIZATION

LANDSCAPING

DESIGN
INSTALLATION
MAINTENANCE
LAWN CARE

NURSERY

TREES, SHRUBS,
& EVERGREENS
FERTILIZERS
INSECTICIDES



The Deering Highlands Neighbourhood Association

26 April 1983

Mr Alex Jaegerman
Chief Planner
Portland Planning Board
City of Portland
City Hall
Portland, Maine

Dear Mr Jaegerman:

As per your suggestion to me, last week I contacted Ms. Ann Grimes, concerning the tree removal and work being done on the Osteopathic Hospital parking lot project. She was most helpful in clarifying the issue for me. I want to thank you too, for your interest and prompt response.

The enclosed letter to OHM is for your information and that of the Board.

Sincerely,

A handwritten signature in cursive script that reads "James W Roberts".

JAMES W ROBERTS
President, DHNA

217 Prospect St
Portland Me. 04103

1 encl.: copy of letter to OHM



The Deering Highlands Neighbourhood Association

26 April 1983

Mr Gary Barnett
Administrator
Osteopathic Hospital of Maine
335 Brighton Ave,
Portland, Maine 04103

Dear Mr Barnett:

A number of neighborhood residents have expressed concern that work vehicles from the current work site of the parking lot project are using Prospect St to enter and exit the work area. It is our recollection that this question was raised during the site plan approval process, and that OHM gave assurances that work site access would be strictly limited to access from the present parking area, excluding any use of Prospect St. This is consistent with terms of the easement and/or restriction cited on pages 4 and 5, "Osteopathic Hospital Site Plan" (Planning Board Report # 59-82), submitted to the Portland Planning Board, July 27, 1982.

We recognize that it is necessary to exit onto Prospect St in order to move the house at 156 Prospect across the street to its new location. The anxiety is that the use of Prospect St. will not be limited to this one instance, but will continue for the duration of the project. As stated above, we believe this would violate the conditions of the site plan approval.

We hope, of course, that OHM has already determined that there is to be no further use of Prospect St for the balance of the project. However, in view of the difficulty OHM has already encountered in keeping its contractors within the terms of the agreement, we feel it is reasonable to ask for written assurance that your contractors have been notified that they are not to use Prospect St to enter or exit the site.

Sincerely,

JAMES W ROBERTS
President, DHNA

217 Prospect St
Portland, Me. 04103

cc: Portland Planning Board
(Mr Alex Jaegerman)

"Sam"
For your osteo. file
Joe

Becker and Hawkins
Attorneys at Law

Brian C. Hawkins
Portland Office/Residence
21 Deblois Street
Portland, Maine 04103
647-2659: Office
774-5327: Residence

Bridgetown Common
Bridgton, Maine 04009

Peter J. Becker
P.O. Box 207
Bridgton, Maine 04009
647-2312: Office
787-3491: Residence

May 20, 1983

Jean E. Gilpatrick, Chairman
City of Portland, Maine Planning Board
City Hall
Portland, Maine 04111

Re: McAfee/Hallidy/Goodall Tree & Landscaping Co. Matter

Dear Mrs. Gilpatrick:

Pursuant to our telephone conversation of last week, I am writing this letter to attempt to clarify the status of the above captioned matter. Since our initial discussion, I have had the benefit of an extensive telephone consultation with Ann Grimes as well as additional input from my clients.

For the purposes of clarity, I would like to break this letter into two parts: (a) a discussion of the broader issue of what the problem is, who is responsible, and what the philosophy of settlement should be; and (b) a discussion of some of the rather specific remedies that might be employed to resolve the problem.

The problem, as you already know, is quite apparent. I have viewed the damaged area personally and must admit that I am quite perplexed how such an egregious error could have transpired in the first place. With all of the controversy surrounding this project and with all of the expertise assembled and employed by the Hospital, I find it rather remarkable that such a disaster occurred in the first place. It would seem, at a minimum, that the Planning Board should at least consider (for the future) the necessity of having some staff person physically inspect the site prior to clearing of standing trees to insure that all trees are marked clearly and that all areas are properly roped off with some sort of acceptable demarcation. This may sound like a Draconian measure to a potential developer, but it occurs to me, as a practical matter, that it is nearly impossible to "restore" trees after they have been felled. I think Joyce Kilmer said it best in his poem. Trees are unique and arguably irreplaceable. They should be entitled to special protection.

ELECTRICAL INSTALLATIONS -

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in below by _____

PROGRESS INSPECTIONS: 1-2-86 1/20/88

1-14-86 _____

4/15/87 _____

12/14/87 _____

2/25/88 _____

3/3/88 _____

4/7/88 _____

Permit Number 23000
 Location 335 Brighton Ave.
 Owner Orthopedic Hosp.
 Date of Permit 1-2-86
 Final Inspection
 By Inspector [Signature]
 Permit Application Register Page No. 98

| |
|------------|
| CODE |
| COMPLIANCE |
| COMPLETED |
| DATE _____ |

| DATE: | REMARKS: |
|----------|--|
| 1-2-86 | Close 1st floor |
| 2/11/87 | 86 th wing west Close 1st fl and basement. O.K. |
| 4/15/87 | 86 th wing west O.K. to Close 2 nd fl Check with Contractor on updating this permit. |
| 12/14/87 | Final inspection for 1 st , 2 nd , 3 rd floors - Completed this date - 86 th wing |
| 12/14/87 | operating rooms 3 rd fl - unable to perform final inspection this date - final installation monitors are in place and functional. |
| 2/25/88 | walls may be closed in 2 nd & 3 rd floor East wing existing building. |
| 3/3/88 | Check service equipment GFCI protection as per article 517-14. (A) & (B) O.K. 4/7/88 |
| 4/7/88 | Permit due for Chillers - Carvel accu - & Heating - |
| 4/7/88 | Closing 86 th wing East section - |
| 4/7/88 | Final for 3 rd floor - pre operating rooms & locker rooms. |
| 4/22/88 | Progress - Final for 3 rd fl 56 th wing |
| 5/19/88 | Final for 2 floors, Basement & 2 nd floor 56 th wing Completed this date |



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Jan. 2, 1986
 Receipt and Permit number D23000

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 335 Brighton Ave.

OWNER'S NAME: Osteopathic Hosp. ADDRESS: same

| | FEES |
|---|-----------------------|
| OUTLETS: | |
| Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>310</u> | <u>30.00</u> |
| FIXTURES: (number of) | |
| Incandescent _____ Fluorescent <u>x</u> (not strip) TOTAL <u>320</u> | <u>34.00</u> |
| Strip Fluorescent _____ ft. _____ | |
| SERVICES: | |
| Overhead _____ Underground <u>x</u> Temporary _____ TOTAL amperes <u>2500</u> | <u>9.00</u> |
| METERS: (number of) <u>1</u> | <u>.50</u> |
| MOTORS: (number of) | |
| Fractional _____ | |
| 1 HP or over _____ | |
| RESIDENTIAL HEATING: | |
| Oil or Gas (number of units) _____ | |
| Electric (number of rooms) _____ | |
| COMMERCIAL OR INDUSTRIAL HEATING: | |
| Oil or Gas (by a main boiler) _____ | |
| Oil or Gas (by separate units) _____ | |
| Electric Under 20 kws _____ Over 20 kws _____ | |
| APPLIANCES: (number of) | |
| Ranges _____ | Water Heaters _____ |
| Cook Tops _____ | Disposals _____ |
| Wall Ovens _____ | Dishwashers _____ |
| Dryers _____ | Compactors _____ |
| Fans _____ | Others (denote) _____ |
| TOTAL _____ | |
| MISCELLANEOUS: (number of) | |
| Branch Panels <u>22</u> | <u>22.00</u> |
| Transformers _____ | |
| Air Conditioners Central Unit _____ | |
| Separate Units (windows) _____ | |
| Signs 20 sq. ft. and under _____ | |
| Over 20 sq. ft. _____ | |
| Swimming Pools Above Ground _____ | |
| In Ground _____ | |
| Fire/Burglar Alarms Residential _____ | |
| Commercial <u>x</u> _____ | <u>5.00</u> |
| Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____ | |
| over 30 amps _____ | |
| Circus, Fairs, etc. _____ | |
| Alterations to wires _____ | |
| Repairs after fire _____ | |
| Emergency Lights, battery _____ | |
| Emergency Generators _____ | |

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____
 TOTAL AMOUNT DUE: 100.50

INSPECTION: PART READY - ^{1st} ~~2nd~~ FL. EXIST BLDG. (OUTLETS)
 Will be ready on 1-2, 1986; or Will Call _____
 CONTRACTOR'S NAME: Eastern Elec. Corp.
 ADDRESS: P. O. Box 346, Portland, Me. 04112
 TEL.: 772-6762
 MASTER LICENSE NO.: 3279 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

Inspection Services
Samuel P. Hoffses
Chief



CITY OF PORTLAND

Planning and Urban Development
Joseph E. Gray Jr.
Director

February 22, 1993

Murray Construction Co.
P.O. Box 2530
So. Portland, ME 04116

Re: 336 Brighton Ave
Brighton Medical Center

Dear Sir,

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

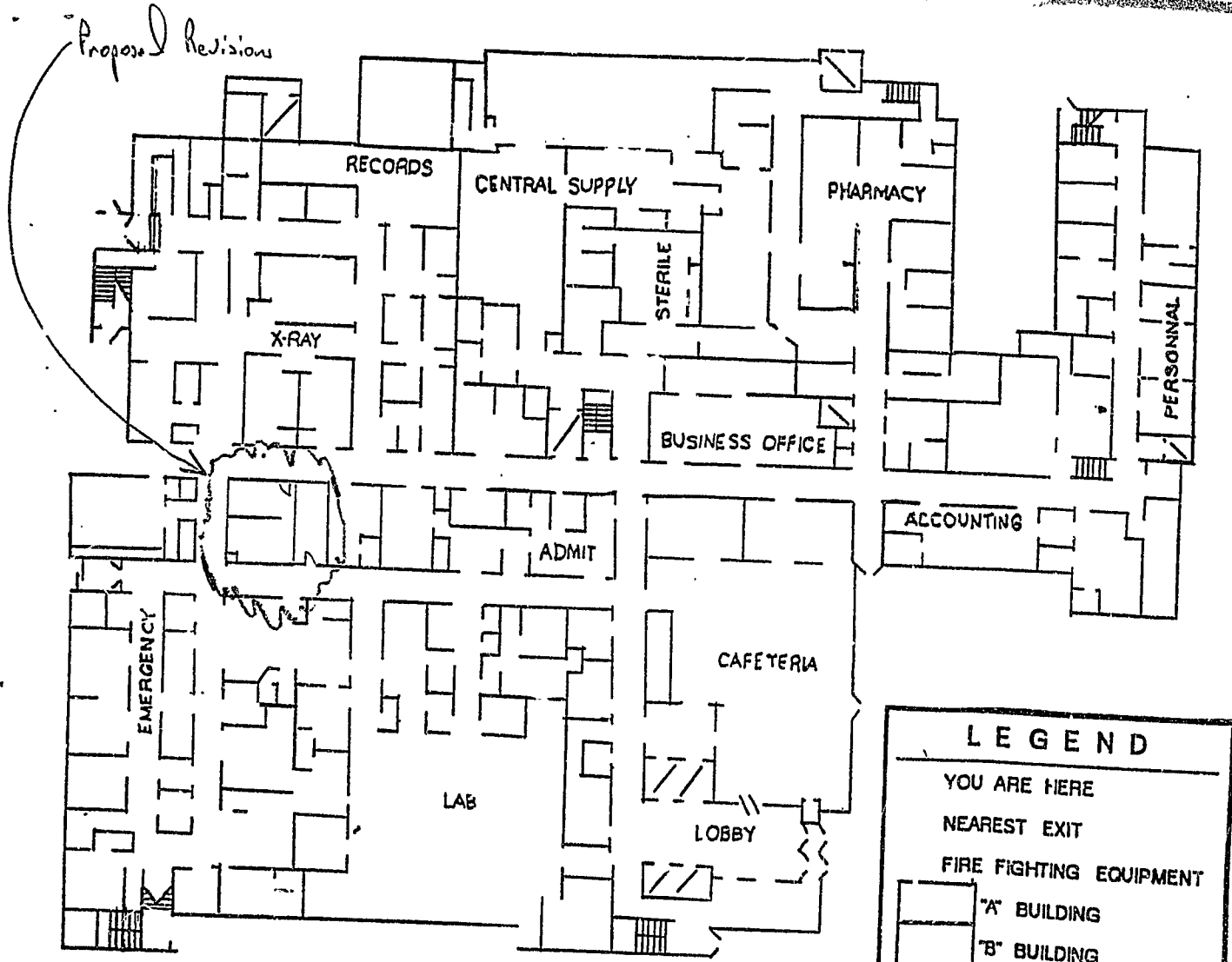
1. Emergency lighting shall be provided in accordance with Section 5-9.
2. Means of egress shall have signs in accordance with Section 26-2.10.

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

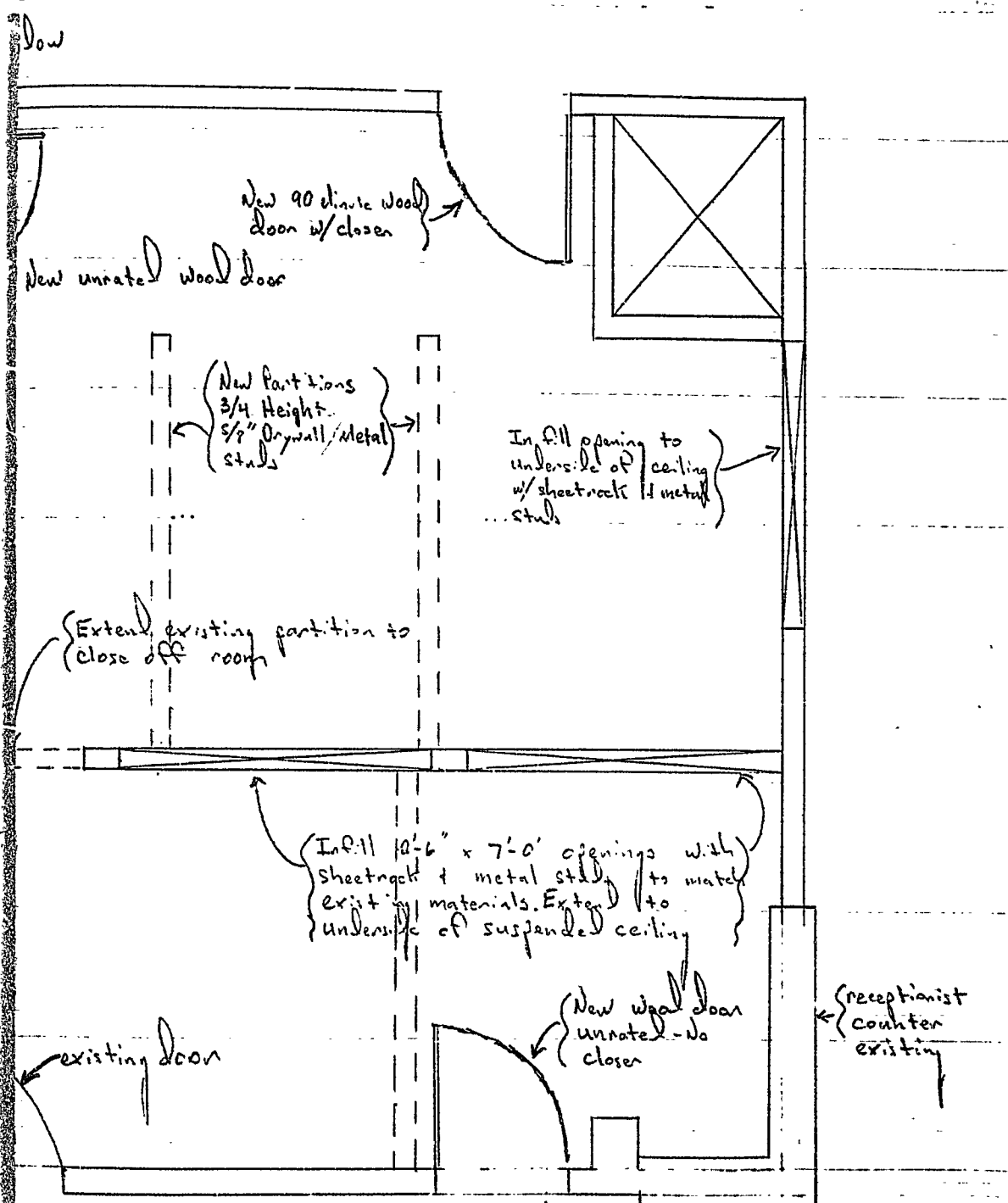
Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

cc: LT McDougall, Fire Prevention Bureau



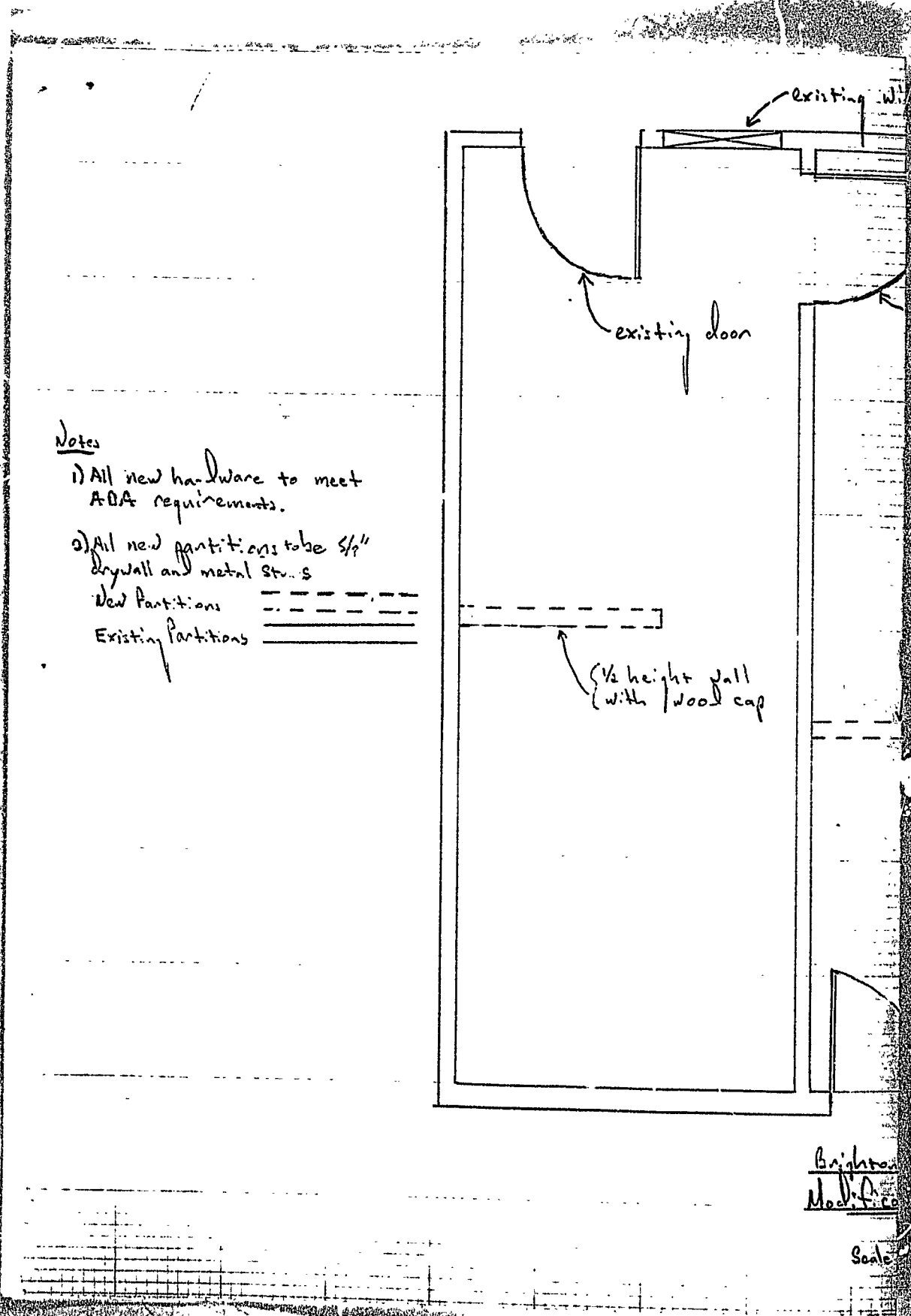
GROUND FLOOR



Medical Center 335 Brighton Ave Portland
 tions to Pre-admission

3/8" = 1'-0"

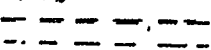
F.P. & C.H. Munn
 799 - 8136
 O. Robinson 2/10/92

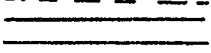



Notes

1) All new hardware to meet ADA requirements.

2) All new partitions to be 5/8" drywall and metal studs

New Partitions 

Existing Partitions 

 1/2 height wall with wood cap

Brighton
Mech. & Elec.

Scale

934570

Permit # 934570 City of Portland BUILDING PERMIT APPLICATION Fee \$50 Zone _____ Map # _____ Lot# _____

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

Owner: Brighton Medical Ctr Phone # 879-8030
 Address: 331 Brighton Ave- Ptld, ME 04102
 LOCATION OF CONSTRUCTION: 335 Brighton Ave.- basement level
 Contractor: Murray Const. Sub: 799-8136
 Address: Box 2530- So Ptld, ME Phone # 04106
 Est. Construction Cost: 6000 Proposed Use: hosp w intr rency
 Past Use: hosd
 # 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 _____
 Ex. Conversion const masonry wall

For Official Use Only

Date 2/12/93
 Inside Fire Limits _____
 Elgd Code _____
 Time Limit _____
 Estimated Cost 6000

Subdivision _____
 Name FEB 16 1993
 Lot _____
 Ownership Public
 CITY OF PORTLAND

Zoning: 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 _____ Subd vision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) W.D. 2-16-93

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 _____

Ceiling:

- Ceiling Joists Size: _____ Spacing _____
 - Ceiling Strapping Size _____ Spacing _____
 - Type Ceilings: _____ Size _____
 - Insulation Type _____
 - Ceiling Height: _____
- HISTORIC PRESERVATION**
 Not in District nor Landmark
 Does not require zoning
 Require review

Roof:

- Truss or Rafter Size _____ Span _____
 - Sheathing Type _____ Size _____
 - Roof Covering Type _____
- Approved with conditions

Chimneys:

- Type: _____ Number of Fire Places _____

Heating:

- Type of Heat: _____

Electrical:

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

Plumbing:

- 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: _____ x _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant Dwayne Robinson Date 2/12/93

Signature of CEO _____ Date _____

Inspection Dates _____

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 58

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Explain' _____

Late Fee \$ _____

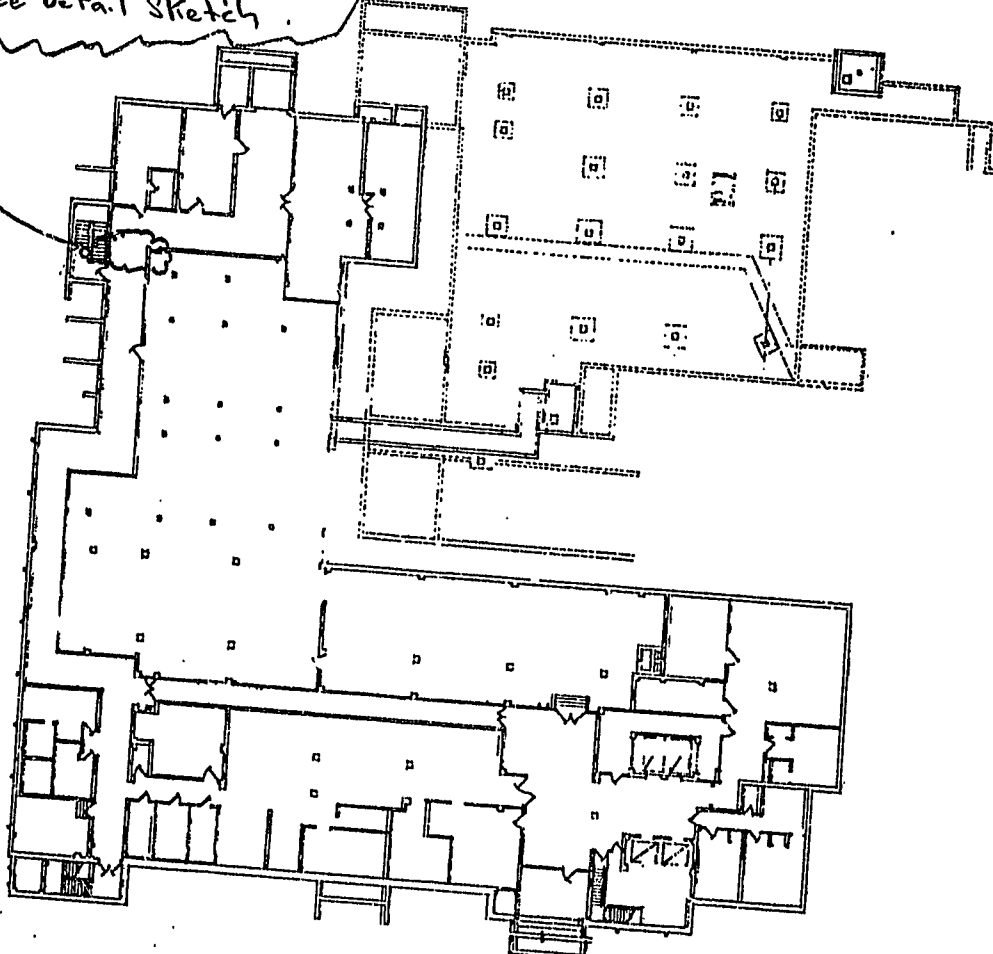
| Type | Inspection Record | Date |
|-----------------|-------------------|----------------|
| <i>Done</i> | | 9/3/93 |
| <i>Approved</i> | | ____/____/____ |
| | | ____/____/____ |
| | | ____/____/____ |
| | | ____/____/____ |

COMMENTS

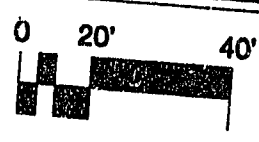
Signature of Applicant *[Signature]* Date 4/93

2/11/93

Location of proposed wall
See Detail Sketch



BASEMENT FLOOR



913176 913176

Permit # City of Portland BUILDING PERMIT APPLICATION Fee 290.00 Zone Map # Lot#

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

Owner: Brighton Medical Center Phone # 879-8000
 Address: 335 Brighton Ave
 LOCATION OF CONSTRUCTION 335 Brighton Ave
 Contractor: Murray Construction Sub:
 Address: POB 2530 So. Ptld 04106 Phone # 799-8136
 Est. Construction Cost: 54,000.00 Proposed Use: Comm/w-int reno and canopy
 Past Use: Comm-hospital
 # of Existing Res. Units # of New Res. Units
 Building Dimensions L W Total Sq. Ft.
 # Stories: # Bedrooms Lot Size:
 Is Proposed Use: Seasonal Condominium Conversion
 Explain Conversion Make interior renovations and put up canopy

For Official Use Only

Date October 16, 1991 Subdivision:
 Inside Fire Limits Name
 Bldg Code Lot OCT 22 1991
 Time Limit Ownership: Public
 Estimated Cost Private

Street Frontage Provided:
 Provided Setbacks: Front Back Side S

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) WDA-510-15-91 HISTORIC PRESERVATION

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

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

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

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

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

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

Chimneys:
 Type: Number of Fire Places

Heating:
 Type of Heat:

Electrical:
 Service Entrance Size: Smoke Detector Required Yes No

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

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

Permit Received By Mary Grest
 Signature of Applicant **PERMIT ISSUED WITH LETTER** Date Oct 16, 1991
 CEO's District 6

CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO [6] Mr. Mitchell

White - Tax Assessor

PERMIT # _____ 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 - Rick Dambrie - 879-8035

Address: 335 Brighton Avenue, Portland 04102

LOCATION OF CONSTRUCTION 335 MXX Brighton Avenue

CONTRACTOR: NeoKraft SUBCONTRACTORS: 782-9654

ADDRESS: 686 MXX 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'x5'), 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. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

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

Interior Walls:

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

| For Official Use Only | |
|--------------------------|---|
| Date: <u>May 1989</u> | Subdivision: Yes / No _____ |
| Inside Fire Limits _____ | Name _____ |
| Blgd. Code _____ | Lot _____ |
| Time Limit _____ | Block _____ |
| Estimated Cost _____ | Permit Expiration _____ |
| Value/Signatures _____ | Ownership: _____ Public _____ Private _____ |
| Fees: <u>425.00</u> | |

Ceiling:

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

Roof:

1. Truss or Raftor Size _____ Span _____
2. Sheathing Type _____ Size MAR 24 1989
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: _____ Number of Fire Places City Of Portland

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Zoning:

District _____ Street Frontage Req. _____ Provided _____

Review Required:

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Zoning Board Approval: Yes _____ No _____ Date _____

Planning Board Approval: Yes _____ No _____ Date _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain) _____

Date Approved _____

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 3/6/89

Signature of CEO _____ Date _____

Inspection Dates (2) KT

PERMIT # 92679 OWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Osteopathic Hospital

Address: 335 Brighton Avenue

LOCATION OF CONSTRUCTION 335 Brighton Avenue

CONTRACTOR: Sam Grimaldi and Sons SUBCONTRACTORS: 773-6905

ADDRESS: _____

Est. Construction Cost: _____ Type of Use: Hospital

Past Use: _____

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

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain remove 1 (2000 gallon tank)

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

For Official Use Only.

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

City Of Portland

Ceiling:

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

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Zoning:

District: _____ Street Frontage Req.: _____ Provided: _____

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt _____ Special Exception _____

Other (Explain) _____

Date Approved: 10-3-89

Permit Received By: Deborah Coode

Signature of Applicant: _____ Date: _____

Signature of CEO: _____ Date: 10-3-89

Inspection Date: 9