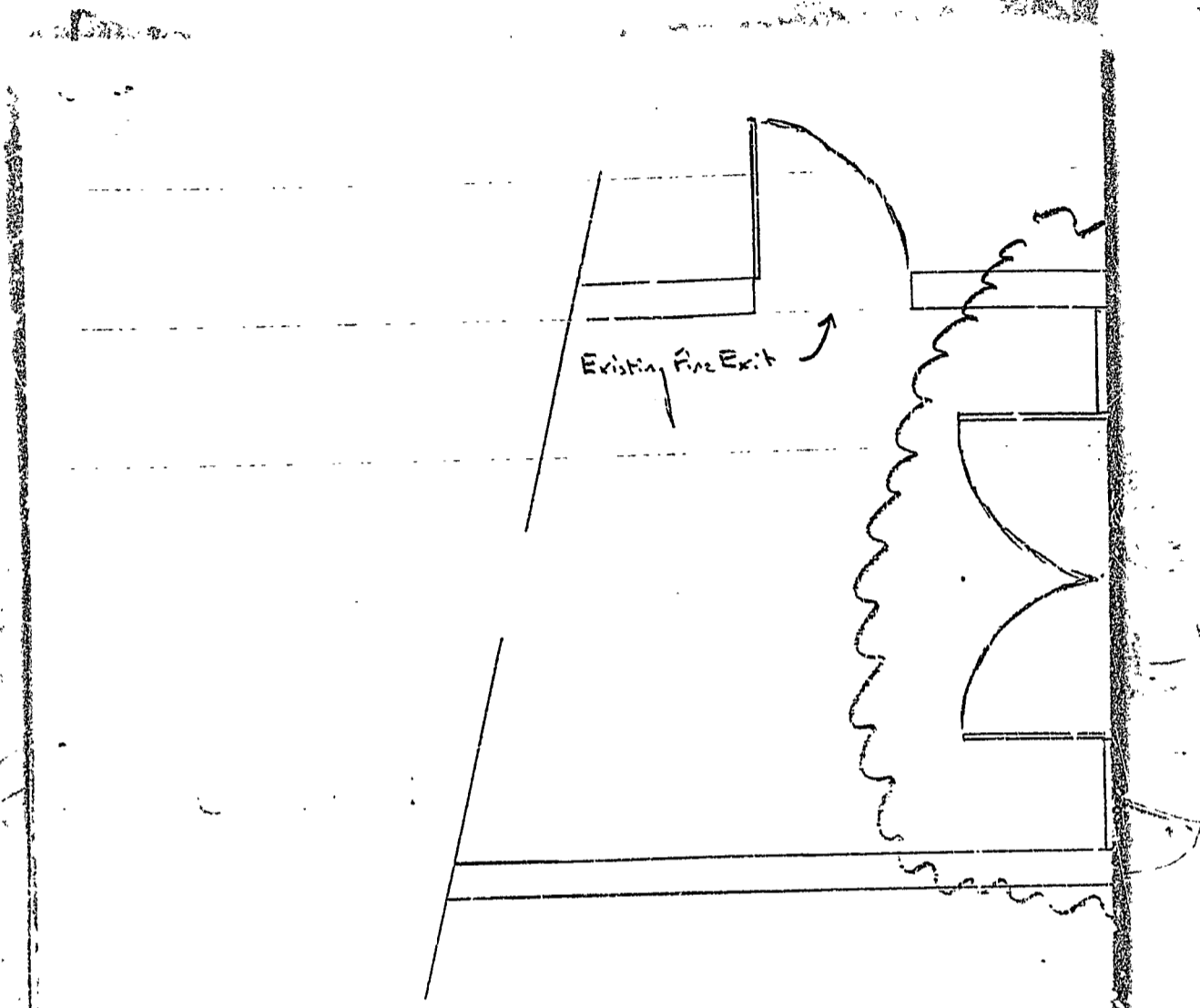


New 8" Concrete Block Wall - Floor to outside of deck.
2'-3'-0" x 7'-0" 8" Label hollow metal doors and
Frames with Panic Hardware & Closers.
Electric hold-open devices will be provided & wired into
building fire alarm system.
Installation to comply with ADA requirements
See Attached sketch for general building orientation

at Corridor Wall

F.P. & C.H. Murray
799 8126

D. Robinson 2/11/02



Brighton Medical - Basement
331 Brighton Ave Portland ME



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 12/15/92, 19
 Receipt and Permit number 1182

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 Prignton Ave.
 OWNER'S NAME: Brighton Medical Ctr ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>21</u> Switches <u>12</u> Plugmold _____ ft. TOTAL <u>33</u>	<u>6.60</u>
FIXTURES: (number of)	
Incandescent <u>12</u> Flourescent <u>30</u> (not strip) TOTAL <u>42</u>	<u>8.40</u>
Strip Flourescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
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>1</u>	<u>4.00</u>
Transformers _____	
Air Cond' ioners 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 _____	
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 _____	
INSTALLATION FEE DUE: _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____	
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE: _____	
TOTAL AMOUNT DUE: _____	<u>19.00</u>

INSPECTION:
 Will be ready on 12/16 am, if possible, 1992; or Will Call _____
CONTRACTOR'S NAME: Eastern Elect Corp
ADDRESS: 20 Bedford St- Ffld
TEL.: 772-1162
MASTER LICENSE NO.: MC 60011182 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101. Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 325 Brighton Ave		Owner: Brighton Medical Center		Phone		Permit No: 940836	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name: Mary Greck	
Contractor Name: Murray Construction		Address: P.O. Box 2530 So. Field, ME		Phone: 799-8230		Permit Issued: AUG 10	
Past Use: Medical Center		Proposed Use: Medical Center		COST OF WORK: \$ 58,000.		PERMIT FEE: \$ 310.	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group / Type 177	
Proposed Project Description: Make interior renovation to CT Room (Radiology Dept)				Signature:		Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning: CBL 121-C-009	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: OK	
				Signature: _____ Date: _____		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT *Herbert* ADDRESS: DATE: **6 August 1994** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE. CEO DISTRICT **6**

White-Permit Desk Greer-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

BUILDING PERMIT REPORT

DATE: 17 January 97 ADDRESS: 335 Brighton Ave.

REASON FOR PERMIT: To make interior renovations

BUILDING OWNER: Maine Medical Center

CONTRACTOR: Edward Herbert & Sons.

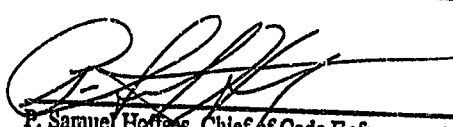
PERMIT APPLICANT: _____ APPROVAL: */

~~DENIED:~~ _____

CONDITION OF APPROVAL OR DENIAL

- * 1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
2. Before concrete for foundation is placed, approvals from the Development Review and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
3. Precaution must be taken to protect concrete from freezing.
4. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
5. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of ½ inch gypsum board or the equivalent applied to the garage means of ½ inch gypsum board or the equivalent applied to the garage side. (Chapter 4 Section 407.0 of the BOCA/1996)
6. Guardrail & Handrails A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
7. Headroom in habitable space is a minimum of 7'6".
8. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use group minimum 11" tread, 7" maximum rise.
9. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
10. Every sleeping room below the fourth story in buildings of use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. ft.
11. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
12. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self closer's.
13. The boiler shall be protected by enclosing with (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
14. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's building code Chapter 9, Section 19, 920.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
 - In the immediate vicinity of bedrooms
 - In all bedrooms
 - In each story within a dwelling unit, including basementsIn addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required)

- X15. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
- *16. The Fire Alarm System shall be maintained to NFPA #72 Standard.
- X17. The Sprinkler System shall maintained to NFPA #13 Standard.
- X18. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. Of the City's building code. (The BOCA National Building Code/1996)
- X19. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued or demolition permit is granted.
- 20. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
- 21. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
- 22. This permit does not excuse the applicant from obtaining any other permits which may be needed from the City Clerk's office.
- 23. Ventilation shall meet the requirements of Chapter 12 Sections 1201 of the City's Building Code.
- X24. A Fire Alarm acceptance report shall be submitted to the Portland Fire Dept. at the end of the work.
- X25. A separate permit with a set of plans is required for the Fire alarm system.
- 26.


 P. Samuel Hoffes, Chief of Code Enforcement

cc: Lt. McDougall, PFD
 Marge Schmuckal

City of Portland, Maine -- Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8711

Location of Construction: 335 Brighton Ave		Owner: Brighton Medical Center		Phone:	Permit No: 96083
Owner Address:		Leasee/Buyer's Name:		Phone:	Business Name:
Contractor Name: Precision Tanks, Inc.		Address: P.O. Box 359 Jay, ME 04239		Phone: 645-9549	
Past Use: Hospital	Proposed Use: Same		COST OF WORK: \$	PERMIT FEE: \$ 55.00	
			FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: Remove 2-10,000 gallon underground tanks Install 2-10,000 gallon underground tanks			Signature: _____		Signature: _____
Permit Taken By: Mary Gresik			Date Applied For: 21 August 1996		

PERMIT ISSUED
Permit Issued:
AUG 22 1996
CITY OF PORTLAND

Zone: **R-3** CBL: 121-C-00r
Zoning Approval: *[Signature]*
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor minor

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
Date: **8/21/96**

[Signature]
CEO DISTRICT **6**
A. Rowe

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *[Signature]* Tony Couture ADDRESS: DATE: 21 August 1996 PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: **PRECISION TANKS, INC. VICE PRESIDENT** PHONE:

White--Permit Desk Green--Assessor's Canary--D.P.W. Pink--Public File Ivory Card--Inspector

City of Portland, Maine - Building or Use Permit Application 339 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 335 Brighton Ave		Owner: Brighton Medical Center	Phone:	Permit No: 960823
Owner Address:	Leasee/Buyer's Name:	Address:	Phone:	Business Name:
Contractor Name: Precision Tanks, Inc.	Address: P.O. Box 359 Jay, ME 04739		Phone: 645-9549	
Past Use: Hospital	Proposed Use: Same	COST OF WORK: \$	PERMIT FEE: \$ 55.00	
Proposed Project Description: Remove 2-10,000 gallon underground tanks Install 2-10,000 gallon underground tanks		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: 2/1/96	PERMIT ISSUED Permit Issued: AUG 22 1996 CITY OF PORTLAND Zone: R-3 CBL: 121-C-006 Zoning Approval: OK 8/21/96 Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
		Signature:	Signature:	
Permit Taken By: Mary Grosik	Date Applied For: 21 August 1996	PEDELIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		
		Signature:	Date:	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

CERTIFICATION

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SIGNATURE OF APPLICANT: **Tony Couture** ADDRESS: _____ DATE: **21 August 1996** PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT **6**
A. P. ...

COMMENTS

10-2-96 Labels have been removed

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

Maine Department of Environmental Protection
Bureau of Remediation and Waste Management
17 State House Station
Augusta, Maine 04333-0017
Attention: Tank Removal Notice
Telephone: (207) 287-2651

Expires after 6 (six) months if the
Department does not receive notice that
removal was completed.

**NOTICE OF INTENT TO ABANDON (REMOVE)
AN UNDERGROUND OIL STORAGE FACILITY**

**THIS FORM MUST BE FILLED WITH THE DEP AND YOUR LOCAL FIRE DEPARTMENT
BEFORE 30 DAYS PRIOR TO THE SCHEDULED REMOVAL.**

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: ELIGHTON MECHANICAL CENTER
Mailing Address: 255 ELIGHTON AVE Telephone #: 779-7009
City: FORTLAND State: ME Zip Code: 04102
Contact Person (name, address & telephone #): RICHARD SAICER 779-7009

Name of Facility: ELIGHTON MECHANICAL CENTER Registration #: 1051
Facility Location (town & street): 255 ELIGHTON AVE, FORTLAND, ME.

1. Identify the tanks at this location which are going to be removed:

Tank #	Tank Age	Tank Size (gallons)	Type of Product Stored
1	20 YRS.	10,000	#1 FUEL OIL
2	20 YRS.	10,000	#2 FUEL OIL
3			

2. Directions to this facility (be specific):

255 ELIGHTON AVE, FORTLAND, ME.

3. Is or was the tank(s) used to store Class I liquids (e.g., gasoline, jet fuel)? Yes No
IF YES, REMOVAL OF THE TANK(S) MUST BE DONE UNDER THE DIRECTION OF A
CERTIFIED TANK INSTALLER

Tank Installer's Name: _____ Certification Number: _____ Signature: _____

4. Environmental site assessments are required for all tanks except those used for storing heating oil, not for resale, or for farm or residential motor fuel tanks under 1,100 gallons where the product is used on site. Site Assessor's Name and Address (if applicable):

5. Name and telephone number of contractor who will do the tank removal:

PRECISION TANKS, INC. 645-3579

6. Expected date of removal (month/day/year):

7/21/96

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 7/2-1/96

Signature: _____

Printed Name and Title: TOMMY MITCHELL - VICE PRES. PRECISION TANKS, INC.

Mail original and yellow copy to DEP; pink copy to fire department; retain gold copy.
RETURN POSTCARD AFTER TANK(S) HAS BEEN REMOVED

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: Portland
Street: 335 Brighton Avenue
Subdivision Lot #

PROPERTY OWNERS NAME

Address: Brighton Medical Center
Last: Thomas R. Valley
First:
Applicant Name:
Mailing Address of Owner/Applicant (If Different): P O Box 1272
Scarborough, ME 04072

PORTLAND 5150 TOWN COPY
Date Permit Issued: 11-15-94 \$ 121 FEE
Local Plumbing Inspector Signature: _____ License # 01211

Owner/Applicant Statement

I certify that the information stated 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 Rules.

Local Plumbing Inspector Signature: Arthur Rowe Date Approved: 11-28-94

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 Dental

Plumbing To Be Installed By:
1 MASTER PLUMBER
2 OIL BURNERMAN
3 MFG'G. HOUSING DEALER/MECHANIC
4 PUBLIC UTILITY EMPLOYEE
5 PROPERTY OWNER
LICENSE # 016871

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.		Household / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	2	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain		Wash Basin
			Indirect Waste	1	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 Cusploor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
					Fixture Fee
					Hook-Up Fee
					Permit Fee
					Total

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

\$ 261

Counselors at Law

Bernstein, Shur, Sawyer & Nelson

A Professional Corporation

Leonard M. Nelson
William W. Willard
Gregory A. Terlikis
F. Paul Friskis
Peter J. Rubin
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Gordon F. Gietes
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Mary L. Scheidel
John M. K. Fawcett
Linda A. Montis
Charles E. Miller
Richard M. Schade

Les K. Bragg
John H. Montgomery
Christopher L. Vaniotis
Nathaniel H. Smith
Robert H. Stier, Jr.
Robert J. Keach
James A. Houle
Catherine A. Lee
Durward W. Parkinson
John L. Carpenter
Patrick J. Scully
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100 Middle Street
Post Office Box 9729
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Internet: <http://www.maine.law.com>
(207) 774-1200
FAX 774-1127

Kennebunk Office
62 Portland Road
Kennebunk, Maine 04043-1640
(207) 985-7152
FAX 985-3174

Augusta Office
146 Capitol Street
Augusta, Maine 04330-5037
(207) 623-1598
FAX 628-0200

Nelson A. Toner
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C. Wesley Crowell
Kenneth W. Lehman
Kate S. Debevoise
Patricia A. Peard
Karen B. Lovell
Neal F. Pratt
Robert J. Crawford
Christian L. Barner
Robert F. Macdonald, Jr.
Kenneth L. Jordan, Jr.
Jaime P. Schwartz
Mary Elizabeth Fougere

Scott E. Schul
Christopher J. Devito
Eliza Cope Nolan
Susan Bernstein Driscoll
Glenn Israel
Todd S. Holbrook
Gayle H. Allen
William M. Welch
Janet E. Milliey
Todd C. Goffman
James P. Puhala III
Summer T. Bernstein
Herbert H. Sawyer
of Counsel

E-mail: cvaniotis@mainelaw.com

August 9, 1996

Marge Schmuckal, Zoning Administrator
City of Portland
City Hall
389 Congress Street
Portland, ME 04101-3503

Re: Brighton Medical Center - 335 Brighton Ave

Dear Marge:

Following up on your telephone call to me this afternoon, I am enclosing two signed copies of my August 8, 1996 letter with the addition of a statement of your agreement with the analysis and conclusions of the letter. If you are comfortable with that statement, please add your signature and return one signed copy to me.

I want to reiterate how gratifying it was to receive such a rapid response to my inquiry. That quick turnaround time will be extremely helpful to the people doing the planning at Brighton Medical Center and New England Rehabilitation Hospital. And I can assure you that this kind of responsiveness from the City will be noticed and highly appreciated by my clients.

Thanks again.

Sincerely Yours,


Christopher L. Vaniotis

CLV:nsk
Enclosure

cc: Robert P. Ganley, City Manager
Donald Quigley, Esq.
James W. Donovan, President - Brighton Medical Center

Counselors at Law

Bernstein, Shur, Sawyer & Nelson

A Professional Corporation

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100 Middle Street
Post Office Box 9729
Portland, Maine 04104-5029
Internet: <http://www.mainerlaw.com>
(207) 774-1200
FAX 774-1127

Kennebunk Office
62 Portland Road
Kennebunk, Maine 04043-1640
(207) 985-7152
FAX 985-3174

Augusta Office
149 Capitol Street
Augusta, Maine 04330-5057
(207) 623-1596
FAX 626-0200

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James P. Puhala III
Sumner T. Bernstein
Herbert H. Sawyer
of Counsel

E-mail: cvaniotis@mainerlaw.com

August 8, 1996

Marge Schmuckal, Zoning Administrator
City of Portland
City Hall
389 Congress Street
Portland, ME 04101-3503

Re: Brighton Medical Center - 335 Brighton Ave

Dear Marge:

We are writing to see if you concur with our view that the following situation would not constitute a "change of use" under Section 14-463 of the Portland Zoning Ordinance (and, therefore, under Section 14-522 of the Site Plan Review Ordinance.)

Brighton Medical Center plans to convert its campus to the condominium form of ownership. The tentative plan is to create four condominium units. One large unit (about 70% of the building) will continue to be occupied by Brighton Medical Center, providing day surgery, a minor emergency room and various diagnostic and clinical services including a pulmonary lab and clinic. The second large unit will be leased to New England Rehabilitation Hospital of Portland, which would continue to utilize 100 patient beds at Brighton Medical Center, and will provide related medical and rehabilitation services. The third unit will be slightly less than 4800 square feet utilized as offices, examining rooms and related facilities for a group of physicians in pulmonary practice, supervising the pulmonary lab and providing services to in-patients and out-patients of both Brighton Medical Center and New England Rehabilitation Hospital, and also providing services to their own patients. The fourth unit will be a very small laboratory space providing in-house laboratory services to Brighton Medical Center. There will be some rearrangement of space within the building to accommodate this restructuring, along with some interior renovations, but no change to the size or shape of exterior of the building is proposed.

August 8, 1996
Page -2-

None of this will be substantially different from what has occurred historically at Brighton Medical Center (and its predecessor, the Osteopathic Hospital of Maine). Brighton has for years offered a mix of in-patient and out-patient services, ancillary services like laboratory, x-ray, diagnostics and day surgery, and has housed the offices of physicians whose practices had particular ties to the hospital. Those physicians were not hospital employees, but many of their patients were either being treated at the hospital (in-patient or out-patient) or would use the diagnostic services available at the hospital.

Most recently, a pulmonologists' practice has occupied space at Brighton. A new group of pulmonologists is forming, and they would like to occupy one of the proposed condominium units. We anticipate that these pulmonologists will have staff privileges at both Brighton Medical Center and New England Rehabilitation Hospital. Their practices will complement the patient care at Brighton and New England Rehab, while the services of both hospitals will be conveniently and economically accessible to the pulmonologists' patients. These physicians must also be present to provide clinical administration for the pulmonary lab. In order to accommodate the new group, the existing physicians' office space within Brighton Medical Center will be expanded by 400 or 500 square feet.

We feel comfortable that the Brighton Medical Center property will continue to be a "hospital," defined in the Portland Code as:

[a]n institution providing health services, primarily for in-patients, and medical or surgical care of the sick or injured, including as an integral part of the institution, such related facilities as laboratories, out-patient departments, training facilities, central service facilities and staff offices.

While the identities of the providers of the various services will be somewhat different and the legal structure of ownership of the building will be rearranged, the basic function of providing health care to both in-patients and out-patients will continue. The change in form of ownership would not appear to constitute a use change for zoning purposes. See, e.g., Keith v. Saco River Corridor Commission, 464 A.2d 150 (Me. 1983) (change from tenant occupancy to owner occupancy not an impermissible change or expansion of use).

We are also interested in your specific analysis of the zoning ordinance treatment of the pulmonary practice group. While these physicians will not be employed by either Brighton Medical Center or New England Rehabilitation Hospital, they will have staff privileges at both, and their presence in the building will permit them to offer timely and efficient service to patients of both hospitals. Similarly, the presence of laboratory, x-ray and similar diagnostic facilities will be a benefit to those patients of the pulmonologists who are not patients of the hospitals. We think the pulmonologists' offices will function as an integral part of the overall hospital setting and are the type of "staff offices" contemplated in the ordinance definition.

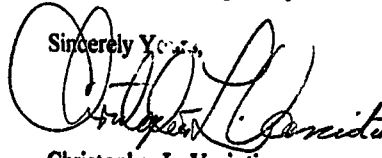
August 3, 1996
Page -3-

In addition, the pulmonologists' presence in the building is clearly "incidental and subordinate" to the hospital use, and therefore allowed as an accessory use under the zoning ordinance definition. The location of physicians' offices within the Brighton Medical Center building is a long-standing practice. The proposal to make that existing office space a condominium unit and enlarge it slightly does not seem to us to raise any particular zoning or land use concerns.

As you can well imagine, this proposed restructuring of medical services requires a great deal of advance planning and involves some complex decision making. We believe, for the reasons we have outlined in this letter, that zoning is not going to be a problem. But, of course, in the final analysis it is the City's view which counts. That is why we have provided you with this fairly lengthy explanation.

We would appreciate an opportunity to sit down with you and any other appropriate City officials to discuss these plans. Please let us know when that might be possible.

Sincerely Yours,



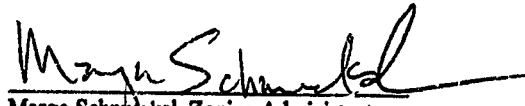
Christopher L. Vaniotis

CLV:nsk

cc: Robert P. Ganley, City Manager

I have reviewed this letter and agree with its analysis and conclusions.

Date: 8/12/96



Marge Schmuckal, Zoning Administrator,
City of Portland



STATE OF MAINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION

ANGUS S. KING, JR.
GOVERNOR

EDWARD O. SULLIVAN
COMMISSIONER

August 14, 1996

RICHARD SPICER
BRIGHTON MEDICAL CENTER
335 BRIGHTON AVENUE
PORTLAND, MAINE 04102

Dear MR. SPICER:

This letter is to acknowledge that on 13 AUGUST 1996 this Department received your completed registration materials for a new or replacement underground oil storage facility or ancillary equipment located at BRIGHTON MEDICAL CENTER. Maine statute dictates that the installation may take place five (5) business days after notification (38 M.R.S.A., Section 563.1.A). This installation may begin on 20 AUGUST 1996. I have assigned your registration the following interim number INT 96-162. Have a copy of your registration and display this letter in a prominent place during construction.

NOTE: Check with your tank installer to ensure that your installation is in conformance with all Federal Regulations that are in effect as of December 22, 1988. For questions concerning the Federal Regulations, call the E.P.A. Hot Line at 1-800-424-9346.

Sincerely,

WILLIAM V. VALENTINE
Division of Oil & Hazardous Waste Facilities Regulation
Bureau of Remediation and Waste Management

Serving Maine People & Protecting Their Environment

AUGUSTA
17 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0017
(207) 287-7888 FAX: (207) 287-7828
OFFICE LOCATED AT: RAY BUILDING, HOSPITAL STREET

PORTLAND
312 CANCO ROAD
PORTLAND, ME 04103
(207) 822-6300 FAX: (207) 822-6303

BANGOR
108 HOGAN ROAD
BANGOR, ME 04401
(207) 841-4570 FAX: (207) 941-4584

PRESQUE ISLE
1235 CENTRAL DRIVE, SKYWAY PARK
PRESQUE ISLE, ME 04769
(207) 784-0477 FAX: (207) 784-1507

printed on recycled paper

DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND PETROLEUM PRODUCTS STORAGE TANKS
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

1. REGISTRATION NUMBER: 1031
(Complete only if a registration has been
previously assigned by the Department
of Environmental Protection.)

STATE USE ONLY DATE OF REGISTRATION <u> 1 </u> <u> 1 </u>

2. FACILITY INFORMATION:

A. Name of Facility: BRIGATON MEDICAL CENTER
B. Street Address of Facility: 335 BRIGATON AVE
C. Town/City where facility is located: PORTLAND, ME
D. Mailing address: SAME AS ABOVE

_____ Maine 04102

E. F. Telephone: 879-8009
G. Directions to Facility: _____

H. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes ___ No .

I. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source? Yes ___ No .

J. (Complete if the answer to (I) above is YES.) Is the water supply which is located within 300 feet of the tank(s) owned by someone other than the facility owner or operator? Yes ___ No ___.

K. Is the facility located on a sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes ___ No .

L. Is the facility located within 250 feet of a fresh or salt water body or wetland? Yes ___ No .

M. Is the facility located within a 100 year flood plain? Maps are available at most municipal offices. Yes ___ No .

Note: If you wish assistance in answering items (K) or (L), please call the Department at (207) 289-2651. Sand and gravel aquifer maps can be reviewed at any of the Department's offices or purchased for a nominal fee from the Maine Geological Survey, State House Station #22, Augusta, Maine 04333, (207) 289-2801.

If the answer to item (H), (I) or (K) above is yes, the facility is in a sensitive geologic area.

STATE USE ONLY

Reviewer: _____ Date: ___/___/___ Map Number: _____
Comment: _____

N. Facility is now or will be used for (check one):

- | | |
|---|--|
| <input type="checkbox"/> Wholesale Distribution of Oil | <input type="checkbox"/> Oil storage at a single family residence |
| <input type="checkbox"/> Retail Distribution of Oil | <input type="checkbox"/> Oil storage at a multi-family residence |
| <input type="checkbox"/> Oil storage at a Commercial Establishment for on-site consumption | <input type="checkbox"/> Oil storage/farm |
| <input type="checkbox"/> Oil storage at an Industrial Establishment for on-site consumption | <input checked="" type="checkbox"/> Oil storage/Public Facility (state or local) |
| | <input type="checkbox"/> Oil Storage/Federal Facility |

3. TANK OWNER:

- A. Name: BRIGHTON MEDICAL CENTER
(last) (first) (middle initial)
- B. Mail Address: 335 BRIGHTON AVE.
- C. Town/City: PORTLAND D. State: ME
- E. Zip Code: 04102 F Phone: 879-8009

4. TANK OPERATOR: (if different from owner.)

- A. Name: SAME
(last) (first) (middle initial)
- B. Mail Address: _____
- C. Town/City: _____ D. State: _____
- Zip Code: _____ F Phone: _____

5. CO:

Name: RICHARD SPIDER B. Phone: 879-8009

6. INDIVIDUAL TANK DATA: Complete for each tank.

A. TANK TYPE:

- C = Cathodically Protected Steel - Single Wall with Excavation Liner.
 W = Cathodically Protected Steel - Double Walled
 E = Fiberglass - Single wall with Liner.
 G = Fiberglass - Double Walled
 N = Other - Please specify.

B. Piping Type:

- E = Single Walled Fiberglass with liner
 G = Double Walled Fiberglass
 M = Single Walled Steel with Liner.
 O = Copper with Secondary Containment
 W = Cathodically Protected Steel

C. Tank Size:

Fill in with the Size of the Tank in gallons.

D. Form of Leak Detection/Retrofitted Tank:

- 1 = Continuous Electronic Monitoring of Groundwater
 2 = Continuous Electronic Monitoring of Vapors
 3 = Secondary Containment with Interstitial space monitoring
 4 = Manual Groundwater Sampling
 5 = Continuous In-Tank Gauging
 6 = In-Line Leak Detector

E. Product Stored:

- 1 = Kerosene 2 = #2 Fuel Oil 4 = #4 Fuel Oil
 5 = #5 Fuel Oil 6 = #6 Fuel Oil 20 = Unleaded-Plus
 22 = Premium 23 = Unleaded 28 = Premium unlead
 29 = Diesel 81 = Waste Oil 99 = Other-Please Specify

F. Date Installed:

Fill in Month and Year of Installation.

G. Tank Status:

- A = Active
 C = Out of Service
 D = Abandoned in Place-Filled
 E = Planned for Removal

H. System Type:

- 1 = Suction 2 = Pressurized

I. Form of Interstitial Tank Leak Detection/ New and Replacement Tank:

- 1 = Continuous Groundwater in Liner
 2 = Manual Groundwater in Liner
 3 = Continuous Vapor Monitoring
 4 = Continuous Hydrostatic
 5 = Continuous Free Product
 6 = Continuous Vacuum or Pressure
 7 = Other-Please Specify

J. Overfill Spill/Leak Detection:

- 1 = Automatic Shutoff (95% Tank Capacity)
 2 = Automatic Alarm (95% Tank Capacity)
 3 = Overfill Spill Container (5-gallon minimum)

TANK 1:

A. ELUTRON B. 0 C. 10,000 D. 3 E. 2 F. 8 196 G. NEW H. 1 I. 5 J. 283

TANK 2:

A. ELUTRON B. 0 C. 10,000 D. 3 E. 2 F. 8 196 G. NEW H. 1 I. 5 J. 283

TANK 3:

A. _____ B. _____ C. _____ D. _____ E. _____ F. 1 G. _____ H. _____ I. _____ J. _____

TANK 4:

A. _____ B. _____ C. _____ D. _____ E. _____ F. 1 G. _____ H. _____ I. _____ J. _____

7. Attach a check for the applicable registration fee made payable to the State of Maine Groundwater Fund and return with this form to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control-State House Station #17, Augusta, Maine 04333).

A registration fee of \$35.00 is required for all tanks except for tanks serving single family residences. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY.

Fee Computation: _____ # tanks at \$35.00 per tank = \$ _____

Motor fuel stored in a non-conforming tank is subject to an additional annual fee payable to the Third Party Commercial Risk Pool.

8. MAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control-State House Station #17, Augusta, Maine 04333). SEND ONE (1) COPY TO THE LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN THE THIRD COPY FOR YOUR RECORDS. For new and replacement tanks, registrations are due at least five (5) business days prior to installation.

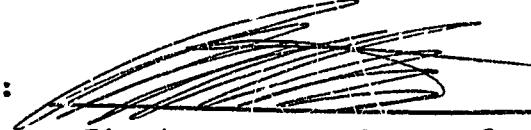
9. Your registration shall not be considered complete and will be returned to you if all 5 pages are not completed.

10. IF NEW, REPLACEMENT OR RETROFITTING EXISTING TANKS OR PIPING ARE INCLUDED WITH THIS REGISTRATION, PLEASE PROVIDE:

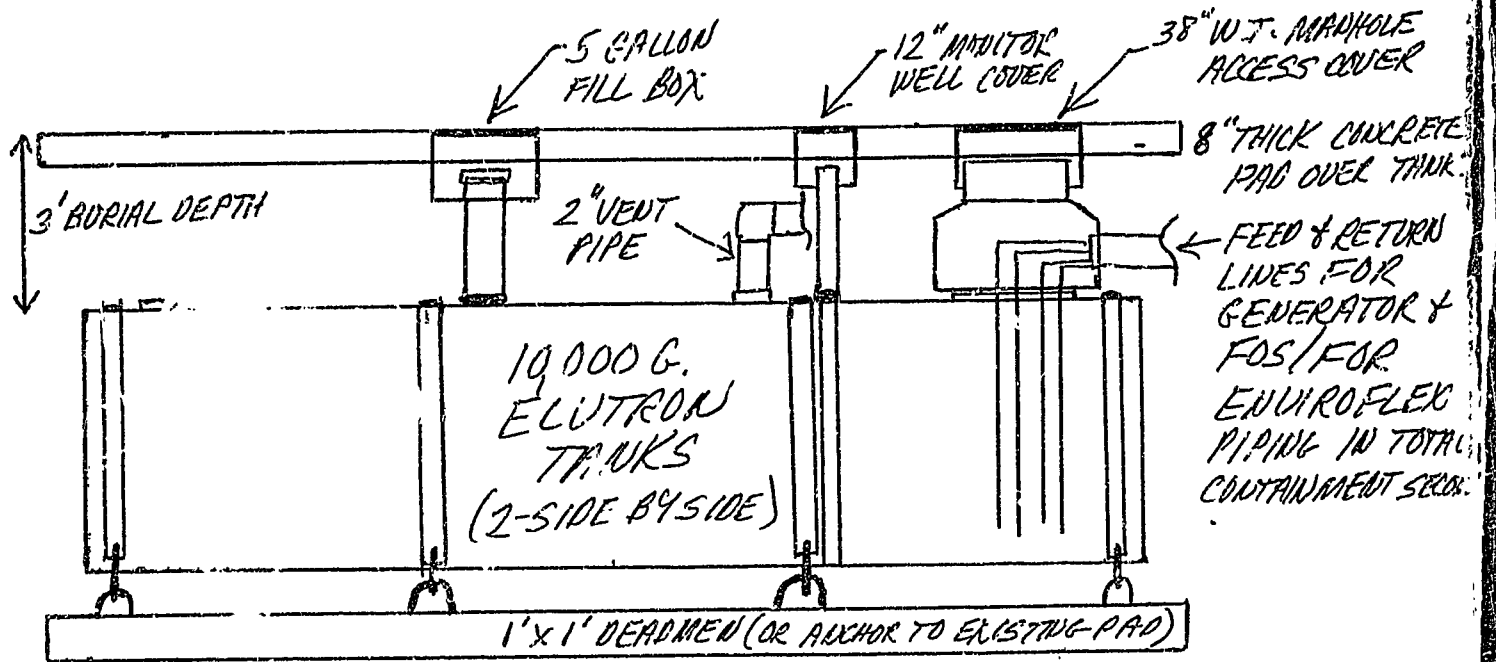
A. Name of Installer: TONY COULTURE
B. Installer ID Number: 289 Date to be Installed: 8/23/96

11. CERTIFY THIS FORM BY SIGNING. By signing this form, I, the tank registrant, certify that all information is accurate and complete to the best of my knowledge, and that I will comply with all applicable federal, state, and local laws and regulations concerning the underground storage of petroleum products. The owner or operator is required by Maine statutes to file an amendment to this registration with the Department of Environmental Protection immediately upon any change of information contained in this form.

Date: 8/13/96
Owner or Authorized Employee of the Owner _____ Title (Please print or type) _____

Signature:  Title VICE PRES.
TONY COULTURE - U.P., PRECISION TANKS, INC

BRIGHTON MEDICAL CENTER - 10,000 G. TANK DRAWING



City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-

3703, FAX: 874-8716

Location of Construction: 335 Brighton Ave		Owner: Maine Medical Foundation		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	
Past Use: Hospital		Proposed Use: Same with signage		COST OF WORK: \$	
				PERMIT FEE: \$ 34.60	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: erect a 8' x 5 1/2' sign		Signature:		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved <input type="checkbox"/>			
		Approved with Conditions: <input type="checkbox"/>			
		Denied <input type="checkbox"/>			
Permit Taken By: Vicki Dover		Date Applied For: 9/27/96			

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

call D. Esposito for P/U 879-8009

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

[Signature: Daniel A. Esposito] Maine Medical Foundation 9/27/96 879-8009
SIGNATURE OF APPLICANT: D. Esposito ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Permit No: **960983**

PERMIT ISSUED

Permit Issued:
OCT - 4 1996

CITY OF PORTLAND

Permit No: **3** CBL: 121-C-9
Planning Approval: *[Signature]*
Special Zone of Review:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
Site Plan major minor mm

Zoning Appeal
Variance
Miscellaneous
Conditional Use
Interpretation
Approved
Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Approval:
Approved
Approved with Conditions
Denied

9/30/96
[Signature: D. Anderson]

6 DISTRICT #6
[Signature: M. Leary]

City of Portland, Maine - Building or Use Permit Application 389, Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 335 Brighton Ave		Owner: Maine Medical Foundation		Phone:	Permit No: 960989
Owner Address:		Lease/Buyer's Name:		Phone:	Business Name:
Contractor Name:		Address:		Phone:	
Past Use: Hospital	Proposed Use: Same with signage	COST OF WORK: \$	PERMIT FEE: \$ 34.60		
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:		
Proposed Project Description: erect a 8' x 5 1/2' sign		Signature:		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: 9/27/96	
Permit Taken By: Vicki Dover		Date Applied For: 9/27/96		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	

PERMIT ISSUED
OCT - 4 1996
CITY OF PORTLAND

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

call D. Esposito for F/U 879-8009

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

[Signature] **Maine Medical Foundation** **9/27/96** **879-8009**
SIGNATURE OF APPLICANT: **D. Esposito** ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zone: **CBL**
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: **9/27/96**

CEO DISTRICT *[Signature]*
M. Lear

COMMENTS

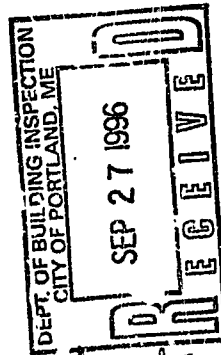
10-9-96 Sign has been put up according to plan,

Type	Inspection Record	Date
Foundation:	_____	_____
Framing:	_____	_____
Plumbing:	_____	_____
Final:	_____	_____
Other:	_____	_____

Info you requested

SIGNAGE

PLEASE ANSWER ALL QUESTIONS



ADDRESS: 335 Brighton Avenue Portland, ME ZONE: Residential Zone

OWNER: Maine Medical Foundation

APPLICANT: Brighton Medical Center

ASSESSOR NO.: 121-C-9

SINGLE TENANT LOT? YES NO

MULTI TENANT LOT? YES NO

FREESTANDING SIGN? YES NO DIMENSIONS _____
(ex. pole sign..)

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

BLDG. WILL SIGN? YES NO DIMENSIONS 8' x 5' 1/2" = 44'
(attached to bldg)

MORE THAN ONE SIGN? YES NO DIMENSIONS _____

LIST ALL EXISTING SIGNAGE AND THEIR DIMENSIONS: _____

Main Entrance 2' x 13'

Brighton First Care 3' x 5'

LOT FRONTAGE (FEET) _____

BLDG FRONTAGE (FEET) 32' x 32' -> 1024' x 5' = 5120'

AWNING YES NO IS AWNING BACKLIT? YES NO

HEIGHT OF AWNING: _____

IS THERE ANY COMMUNICATION, MESSAGE, TRADEMARK OR SYMBOL ON IT? Yes

A SITE SKETCH AND BUILDING SKETCH SHOWING EXACTLY WHERE EXISTING AND NEW

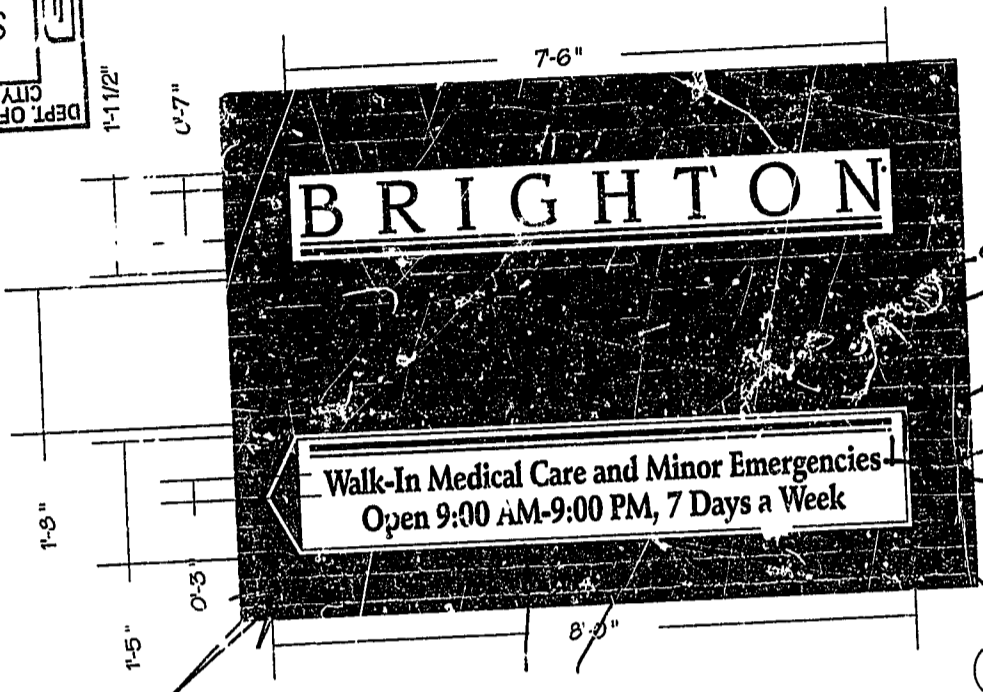
SIGNAGE IS LOCATED MUST BE PROVIDED. SKETCHES AND/OR PICTURES OF THE

PROPOSED SIGNS ARE ALSO REQUIRED.

(over)

-light gray vinyl

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
SEP 27 1996
E E E I V E



light gray

2m p.m.

in white trim on letters

All-in

Leaded

copy to width

Change panel
with not green @
no charge
825.00 per sq foot

1 Set of Channel Neon Letters & 2 - Wall-Mount Sign Cabinets

Faces: PMS 32B, White
Cans: Black

Copy: Black, PMS, 32B
Cabinets: White or Black?

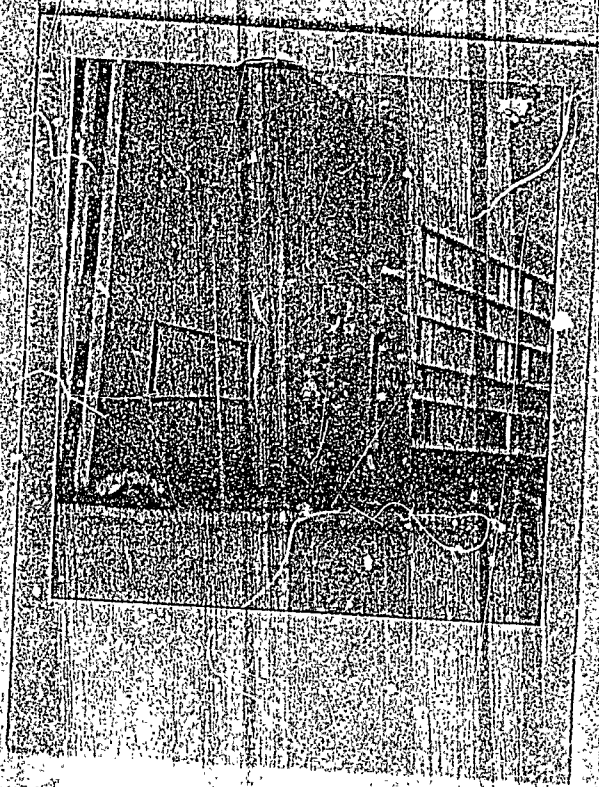
Materials: 20" Channel Neon Letters
Acrylic Faces
Internally Illuminated Cabinets
Vinyl Copy & Graphics



APPROVED:
1

DATE: 09/19/96	SCALE: 1/2"=1'-0"
DWG NO:	DESIGNER: Steve Emma
CLIENT: Brighton Medical Center	
LOCATION: Portland, ME	

© Copyright 1996



ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/27/96

PRODUCER

Medical Mutual Ins. Co. of Maine
 One City Center
 P.O. Box 15275
 Portland, ME 04112-5275

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

COMPANIES AFFORDING COVERAGE

INSURED

Maine Medical Center
 22 Bramhall Street
 Portland, ME 04102

- COMPANY LETTER **A** Medical Mutual Ins. Co. of Maine
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY				
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$ 4,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.	CHL 1013	10/1/95	10/1/96	PRODUCTS-COMP/OPS AGGREGATE \$ 4,000
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADVERTISING INJURY \$ 2,000
					EACH OCCURRENCE \$ 2,000
					FIRE DAMAGE (Any one fire) \$
					MEDICAL EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				EACH OCCURRENCE \$
	GARAGE LIABILITY				AGGREGATE \$
	EXCESS LIABILITY				STATUTORY \$
	OTHER THAN UMBRELLA FORM				(EACH ACCIDENT)
	WORKER'S COMPENSATION				(DISEASE - POLICY LIMIT)
	AND				(DISEASE - EACH EMPLOYEE)
	EMPLOYER'S LIABILITY				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

It is hereby agreed and understood that Brighton Medical Center is added as an additional named insured.

CERTIFICATE HOLDER

City of Portland
 City Hall
 Attn: Vicki
 389 Congress Street
 Portland, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10/30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Linda J. Ladd

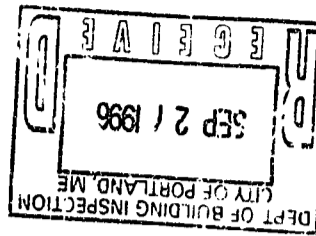


Table 2.2

Institutional Uses in Residential Zones

(Regulations apply to institutions permitted as conditional uses in residential zoning districts. Such uses may include, but are not necessarily limited to, churches, schools, private clubs, fraternal organizations and hospitals.)

Freestanding

	Street Frontage < 100'	Street Frontage 100' to 250'	Street Frontage > 250'
- Area	15 sq. ft.	25 sq. ft.	50 sq. ft.
- Height	6 ft.	8 ft.	8 ft.
- Setback	5 ft.	5 ft.	5 ft.
- # Freestanding signs per lot	1/st. frontage (a)(b)	1/st. frontage (a)(b)	1/st. frontage (a)(b)

(a) Lots fronting on two or more streets are allowed one freestanding sign for each frontage. However, the area of each sign shall correspond to the length of the applicable frontage. Freestanding signs shall be positioned such that they are not readily concurrently visible.

(b) Where one lot contains more than one affiliated use, each use shall be allowed one sign per street frontage.

Note: Pertinent directional information shall, to the extent possible, be included on the principal freestanding sign. Additional directional signs shall be allowed only in the event that necessary information cannot fit reasonably within the permitted sign area. The size of additional signs shall be the minimum necessary to achieve the informational objective.

Building Signs (a)

- Maximum permitted sign area	na
- % of wall area on which sign is to be placed	5%
- # building signs permitted per lot	1/bldg. face (b)

(a) Building signs shall be reviewed for compliance with sign standard(s) included in site plan ordinance and shall under no circumstances be internally illuminated.

(b) One sign is allowed per building face provided such signs are not readily concurrently visible.

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

9/27/96

PRODUCER

Medical Mutual Ins. Co. of Maine
 One City Center
 P.O. Box 1527
 Portland, ME 04102-5275

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

COMPANIES AFFORDING COVERAGE

INSURED

Brighton Medical Center
 22 Commercial Street
 Portland ME 04102

- COMPANY LETTER **A** Medical Mutual Ins. Co. of Maine
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY				GENERAL AGGREGATE \$4,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMPOPS AGGREGATE \$4,000
	CLAIMS MADE OCCUR				PERSONAL & ADVERTISING INJURY \$2,000
	OWNER'S & CONTRACTOR'S PRO	CHL 1013	10/1/95	10/1/96	EACH OCCURRENCE \$2,000
	AUTOMOBILE LIABILITY				FIRE DAMAGE (Any one fire) \$
	ANY AUTO				MEDICAL EXPENSE (Any one person) \$
	ALL OWNED				COMBINED SINGLE LIMIT \$
	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIREN AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	EXCESS LIABILITY				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				STATUTORY \$
	WORKER'S COMPENSATION				\$ (EACH ACCIDENT)
	AID				\$ (DISEASE - POLICY LIMIT)
	EMPLOYER'S LIABILITY				\$ (DISEASE - EACH EMPLOYEE)
	OTHER				

DEPT. OF BUSINESS & ECONOMIC DEVELOPMENT
 CITY OF PORTLAND
 SEP 27 1996

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

It is hereby agreed and understood that Brighton Medical Center is added as an additional named insured.

CERTIFICATE HOLDER

City of Portland
 City Hall
 Attn: Vicki
 389 Congress Street
 Portland, ME 04101

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

W. J. Ladd

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-871

Location of Construction: 33 rd Brighton Ave		Owner: Maine Medical Center XXXXXXXXXXXXXXXXXXXXXX		Phone:	Permit No: 970031
Owner Address: 22 Bramhall St- Ptld ME 04102		Leasee/Buyer's Name:		Phone:	
Contractor Name: Edward Hebert & Sons		Address: 9 th Gould Rd- Lewiston ME 04240		Phone: 783-2091	PERMIT ISSUED Permit Issued: JAN 17 1997 CITY OF PORTLAND
Past Use: medical bldg		Proposed Use: medical bldg w intr renvtns		Business Name:	
Proposed Project Description: demolish + interior renovations - 2nd flr		COST OF WORK: \$ 13,000		PERMIT FEE: \$ 85 + \$ 115	Zoning: CBL: Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied		INSPECTION: Use Group: B Type: Doc. # 46 Signature: [Signature]	
		Signature: [Signature]		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:	
Permit Taken By: L Chase		Date Applied For: 1/6/97			

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

2 5/axle dump prints
 # 15378 \$70
 # 15379 \$70

**PERMIT ISSUED
 WITH REQUIREMENTS**

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: Daniel R Hebert ADDRESS: Jan 6, 1997 DATE: 1/6/97 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: 1/8/97

D. Andrews

CEO DISTRICT 6
M. Leahy

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Permit No: **970022**

PERMIT ISSUED
 Permit Issued:
JUL 30 1997
CITY OF PORTLAND

Location of Construction: 335 Brighton Ave		Owner: Maine Medical Center		Phone:	
Owner Address:		Lessee/Buyer's Name:		Business Name:	
Contractor Name: Edward Habert & Sons		Address: 9 Gould Rd Lewiston, ME 04240		Phone: 783-2891	
Past Use: Medical Center		Proposed Use: Same		COST OF WORK: \$ 512,000.00	
				PERMIT FEE: \$ 2580.00	
Proposed Project Description: Make Interior Renovations Ambulatory Surgical Recovery Unit 3rd Floor		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: ES2 Type: UB	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Permit Taken By: Mary Greath		Date Applied For: 23 July 1997		Signature: _____ Date: _____	

Zone: **CBL: 121-C-009**

Zoning Approval: *[Handwritten]*

Special Zone or Revisions:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan major minor minor

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

30-3663/30-3669
 15655/15661
 327.00 7 - 2,275.00

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: **Dan Habert** ADDRESS: _____ DATE: **23 July 1997** PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____
 White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT *[Signature]*

COMMENTS

8-12-97 Demo work is being done at the present time
9-12-97 Framing work is 'still' being done. New steel beams
are being put in.
10-27 Rough plumbing has all been installed & tested
11-19 Sheetrock has been put up. Ceiling is left to
be done with cabinets & other miscellaneous items
12-9-98 Job is all completed

	Type	Inspection Record	Date
Foundation:			
Framing:		OK MJS	10-29-97
Plumbing:			
Final:			
Other:			

BUILDING PERMIT REPORT

DATE: 7/29/97 ADDRESS: 335 Brighton Blvd
REASON FOR PERMIT: renovation
BUILDING OWNER: mmc
CONTRACTOR: Edward Hebert
PERMIT APPLICANT: Don Hebert APPROVAL: X1 *12X18X19X20 X21 DENIED
*26 *27 *28 *29

CONDITION(S) OF APPROVAL

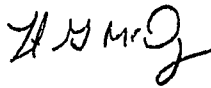
1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
2. Before concrete for foundation is placed, approvals from the Development Review Coordinator and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection)
3. Precaution must be taken to protect concrete from freezing.
4. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
5. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage means of 1/2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4 Section 407.0 of the BOCA/1996)
6. All chimneys and vents shall be installed and maintained as per Chapter 12 of the City's Mechanical Code. (The BOCA National Mechanical Code/1993) U.L. 103.
7. Sound transmission control in residential building shall be done in accordance with Chapter 12 section 1214.0 of the city's building code.
8. Guardrail & Handrails A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2 M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect.
9. Headroom in habitable space is a minimum of 7'6".
10. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 3/4" maximum rise. All other Use group minimum 11" tread, 7" maximum rise.
11. The minimum headroom in all parts of a stairway shall not be less than 80 inches.
12. Every sleeping room below the fourth story in buildings of use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. ft.
13. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
14. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self closer's.
15. The boiler shall be protected by enclosing with (1) hour fire-rated construction including fire doors and ceiling, or by providing automatic extinguishment.
16. All single and multiple station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the City's Building Code Chapter 9, Section 19, 920.3.2 (BOCA National Building Code/1996), and NFPA 101 Chapter 18 & 19. (Smoke detectors shall be installed and maintained at the following locations):
 - In the immediate vicinity of bedrooms
 - In all bedrooms
 - In each story within a dwelling unit, including basementsIn addition to the required AC primary power source, required smoke detectors in occupancies in Use Groups R-2, R-3 and

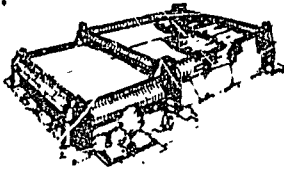
I-1 shall receive power from a battery when the AC primary power source is interrupted. (Interconnection is required)

17. A portable fire extinguisher shall be located as per NFPA #10. They shall bear the label of an approved agency and be of an approved type.
18. The Fire Alarm System shall be maintained to NFPA #72 Standard.
19. The Sprinkler System shall maintained to NFPA #13 Standard.
20. All exit signs, lights, and means of egress lighting shall be done in accordance with Chapter 10 Section & Subsections 1023. & 1024. Of the City's building code. (The BOCA National Building Code/1996)
21. All construction and demolition debris must be disposed at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final Certificate of Occupancy is issued or demolition permit is granted.
22. Section 25-135 of the Municipal Code for the City of Portland states, "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year".
23. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 MRSA refers, shall obtain a certification from a design professional that the plans commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.
24. This permit does not excuse the applicant from obtaining any license which may be needed from the City Clerk's office.
25. Ventilation shall meet the requirements of Chapter 12 Sections 1210. of the City's Building Code.
26. All electrical and plumbing permits must be obtained by a Master Licensed holders of their trade.
27. This permit requires State Fire Marshall Approval
28. Fire Alarm pull stations required at Nurse Station
29. Special Inspections shall be done in accordance with Chapter 17 Section 1705.0 of The City's Building Code The BOCA NATIONAL Building Code 1996


Samuel Hoffis, Chief of Code Enforcement

cc: Lt. McDougall, PFD
Marge Schmuckal



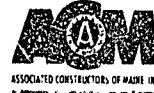


Daniel R. Hebert

EDWARD HEBERT & SONS

General Contractors

9 GOULD ROAD
LEWISTON, MAINE 04240
TEL. 207-783-2091
FAX 207-782-4938



Daniel R. Hebert

September 22, 1997

City of Portland
City Hall - Inspection Department
389 Congress Street
Portland, ME 04101

ATTN: Mr. Hoffses

RE: Brighton Surgical Center
ASPU Renovations

Dear Mr. Hoffses:

Per your request, I have enclosed the information you requested regarding the spray-on fireproofing for the above referenced project.

Should you require additional information, please call on me any time.

Very truly yours,

EDWARD HEBERT & SONS

Daniel R. Hebert

Daniel R. Hebert
Treasurer

DRH/jb

Enclosure

Carbolite Company

Charles J. Vaillant
Sales Representative
3 Chase St.
Kingston, N.H. 03848

Telephone 603-642-5809
Fax 603-642-7882

August 27, 1997

Mr. Garry Pleau
Northeast Painting & Coating
145 River Rd.
Lewiston, Me. 04243

Ref: Brighton Medical Center

Dear Sir:

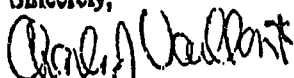
The following U.L. designs have been chosen based upon the information provided 8-26-97. Roof deck, beams and bridging U.L. Design P734, Pyrolite P15, thickness based upon an unrestrained 1 hour assembly are as follows, beams 7/8", deck 7/8", joists 1 3/4" (with mesh or without mesh), and bridging 2 1/4".

I am forwarding to you the Product Data Sheet for P15 which states the various tested primers that may be used in conjunction with U.L. guidelines, Carbomastic 90 would be an advisable selection.

Pyrolite 15 can be applied to previous fireproofed areas provided that the steel/deck is clean and bare, following the above mentioned, U.L. design P734 thickness, using Carbomastic 90 as the primer.

Feel free to contact me should further questions arise.

Sincerely,


Charles J. Vaillant

cc: encl. B.I.argea,nepc2

PYROLITE™ 15 / RETRO-LITE 15

pg 76 of book.

APPROVALS

PYROLITE 15 / RETRO-LITE 15 is classified in accordance with ASTM E119 in the Underwriter's Laboratory, Inc. Fire Resistant Directory.

UNDERWRITER'S LABORATORY, INC.

- COLUMNS - Y707, Y708**
(Y-Series is New Listings for X-Series Designs)
- FLOOR BEAMS - N771, N772, N773, N774, N775, D927, D928.**
- FLOOR CEILING ASSEMBLY - D767, D768, D769, D770, D771, D772, D773, D774, D775, D776, D777.**
- ROOF BEAMS - P926, P927, P928, P929, S731, S732, S733, ROOF**
- CEILING ASSEMBLIES - P734, P735, P736, P737, P738, P739**
- CONCRETE/PRECAST - G706, G707, G708, J713, J714, J715, J716.**

WALL - U704

NEW YORK CITY MEA

Designs	MEA #	Designs	MEA #
D700	147-95-M	P700	188-95-M
D900	156-95-M	P800	150-95-M
G700	154-95-M	S700	153-95-M
J700	149-95-M	U700	152-95-M
N700	148-95-M	Y700	151-95-M

RIVERBANK ACOUSTICAL LABORATORIES

Pyrolite 239 offers both Fire Protection and Acoustical values when tested under:

•ASTM C423 & •ASTM E795

Inches	Backing	Frequency						NRC
		125	250	500	1000	2000	4000	
3/4	Solid	17	15	31	42	40	58	.35
3/4	Lath	36	53	33	42	52	65	.45
3/4	Plenum	34	22	29	44	57	71	.40
1	Solid	17	19	32	43	51	61	.35
1	Lath	35	51	36	47	54	61	.45
1	Plenum	38	26	33	48	62	72	.40

*NRC = Noise Reduction Coefficient

Mountings Solid = Type A, Lath = Type D, Plenum = Type A400

AUG 96 REPLACES FEB 95

SPECIFICATION DATA

PRIMER REQUIREMENTS: PYROLITE 15 / RETRO-LITE 15 is Alum-free and neither promotes nor prevents corrosion. Fireproofing should not be considered part of the corrosion protection system.

UL PRIMER REQUIREMENTS: Primers are not required or recommended for concrete applications where steel is primed, bond strength must meet minimum UL criteria.

The following Carboline primers meet UL Bond Strength Criteria. Other manufacturer's may have been tested, please call the Fireproofing Division for further information.

Carbocrete 1340 HS	Carboline 861
Carboline 893 Primer	Carbomestic 90
Carbo Zinc 11	Rustbond Penetrating
Carbo Zinc 12	Sealer SG

ASBESTOS ABATEMENT:

The following lock-down primers meet UL Bond Strength Criteria and are acceptable for PYROLITE 15 / RETRO-LITE 15.

Certane 909 or 1000	Fiberset FT
Crown Paint P215	H.B.FullerFoster 32-60

ORDERING INFORMATION

Contact your local Carboline Fireproofing Technical Sales Representatives or Carboline Customer Service at 314-644-1000.

APPROXIMATE SHIP WEIGHT: FOB Metuchen, NJ

Bag weight	43 Lbs.
Truckload (Palletized 40 Bags / Pallet)	860 Bags
Truckload 48' Trailer (Loose Filled)	1,000 Bags
Truckload 53' Trailer (Loose Filled)	1,100 Bags

PROOFING

PYROLITE™ 15 RETRO-LITE 15

SELECTION DATA

GENERIC TYPE: Cementitious inorganic fireproofing formulation supplied as a single powder component mixed with water prior to application.

GENERAL PROPERTIES:

- **Cementitious** - Durable, remains in place during construction and beyond.
- **Excellent Film Build** - On all surfaces including columns, beams and decks
- **Spray** - Pumpability and appearance exceed other fireproofing products.
- **Asbestos-Free** - complies with EPA and OSHA regulations.
- **Mineral-Wool Free** - No airborne fibers.
- **Alum and Chloride-Free** - No special priming.
- **Styrene-Free** - No toxic decomposition gases.
- **Economical** - Maintains project on budget.
- **Multiple U.L. Designs** - Provides for design flexibility with over 40 U.L. Designs.
- **Quality Manufactured** - under strict Carboline quality standards with U.L. Inspection service - consistent quality in every bag.

RECOMMENDED USES: PYROLITE 15 / RETRO-LITE 15 is designed to fireproof interior structural:

- Steel Beams
- Columns
- Joists
- Metal
- Walls
- Electrified Floors
- Roof ceilings
- Pre-cast Concrete Units
- Girders

NOT RECOMMENDED FOR: PYROLITE 15 / RETRO-LITE 15 is not recommended for exterior exposure or where substrate temperatures exceed 200°F (93°C).

PHYSICAL DATA (Typical Values)

PYROLITE 15 Color	Normal	Non-uniform Tan
RETRO-LITE 15 Color	Abatement	Non-Uniform Blue
Density (1)	ASTM E605	15 Typical (lbs./cu.ft.)
Compressive Strength	ASTM E761	5,019 psi
Appuytical (Noise Reduction Coefficient)	ASTM C423 ASTM E795	See Table
Air Erosion	ASTM E853	20.005 (gms/sq.ft. @ 24hrs. 0.07 (gms/sq.ft.) @ 48hrs
Bond Strength (Unprimed Steel)	ASTM E736	2,004 psi
Impact Resistance	ASTM E760	Pass
Deflection Resistance	ASTM E759	Pass
Corrosion	ASTM E937	0.00 mm/min
Insulation "K" factor	ASTM C177	0.73 (R/U in hr. ft. °F/ft.)
Specific Heat	ASTM C177	0.37 (BTU/lb.°F)
Shrinkage		0.5%
Flame Spread	ASTM E84	10
Smoke Development	ASTM E84	0
Coverage 30 lb. bag (13.6 kg) ²		30 SFM
Shelf Life		1 Year

¹ Air dry at ambient conditions until constant weight. Do not force cure. Use ASTM E605 Positive Bag Displacement.

² Material losses during mixing and application will vary and must be taken into consideration when estimating job requirements.

AUG 95 REPLACES FEB 95

To the best of our knowledge the technical data compiled herein are true and accurate at the date of issuance and are subject to change without prior notice. User must contact Carboline Company in writing to request any change or update. No guarantee of accuracy is given or implied. We guarantee our products to conform to Carboline quality control. We assume no responsibility for coverage, performance or failure resulting from use. Liability, if any, is limited to replacement of products. Please see each data sheet and are subject to change without prior notice. NO OTHER WARRANTY OR GUARANTEE OF ANY KIND IS MADE BY CARBOLINE, EXPRESS OR IMPLIED, STATUTORY, OR OPERATION AS LAW OR OTHERWISE, INCLUDING MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

