

AP 187-209 Read Street,  
corner of Quarry Road  
(advanced permit)

May 8, 1952

Brown Construction Co.,  
362 Congress Street  
James C. Saunders & Associates  
477 Congress Street  
Mr. Ambrose S. Furton  
Cabot, Cabot & Forbes, Inc.  
60 State Street  
Boston, Mass.,

Gentlemen:

Advanced building permit to authorize excavation only (not including construction of foundation or construction of forms) for the proposed warehouse at 187-209 Read Street, corner of Quarry Road, is issued to the contractor herewith, subject to the following. If these conditions are not understood, or, if you are unable to comply with them, it is important that the work shall not be started, but that this office be contacted immediately for adjustment.

1. The contour of the bottoms of the footings is not known, and the decision as to what depth the foundation walls, piers and footings will be carried is to be determined after the excavation is made; also the design of the walls and footings to care for the different bearing capacities of the material beneath the foundations and the amount of cover over ledge is not known. According to the arrangement with Messrs. Furton and Saunders, the excavation is to be made, conclusions reached as to the depth to which the foundations will be carried in each particular part and the foundation plans revised accordingly with special attention to the unequal settlement which must be anticipated as to whether or not the footings bear upon solid ledge or upon some other material above the ledge at varying depth.

No one wishes to impede the work, but we shall expect that no forms for foundations to be constructed until the revised plans have been filed here with application for amendment to cover the changes from the original plans and the proposition checked and the amendment issued. We shall be glad to carry on this work piecemeal that will help in the progress of the work in any way.

The most important item to us is this transition from ledge to other bearing material and the varying amount of this bearing material between the bottom of the footings and the ledge below.

2. There are a few items which have come to our attention in checking the foundation and, though they would hardly affect the excavation it seems well to bring them to attention now.

The concrete footings for the piers and the columns and, perhaps, some of the footings of the walls are not reinforced and show a projection of eighty per cent of the depth of the footing beyond the "stem", instead of the maximum allowable for unreinforced footings of seventy-five per cent.

There is an allowance in the specifications for the omission of forms at the footings if soil conditions allow, but Building Code requires forms

Brown Construction Co.,  
James C. Saunders & Associates  
Mr. Ambrose S. Burton

May 8, 1952

2

under all conditions.

We have not been able to reconcile the 20"x24" brick piers built into the exterior walls with what appears to be more than ten times the minimum cross sectional dimension of unsupported height. If the 20" dimension should have to be increased, a corresponding increase in the foundation would be necessary.

3. With the revised plans of the foundations please indicate the estimated bearing capacity of the soil of the various kinds in the different locations.

Very truly yours,

Warren McDonald  
Inspector of Buildings.

WMCD/E

..bout 187 Read Am. Can

April 2<sup>d</sup>, 1952

AJS:

We will probably have pressure on this job immediately by way of application for advance permit ; so pls. examine plans as soon as you can for foundation details and special and general requirements.

I am caring for the matter of agreement about open spaces around bldg. In GL, I think, you will find my letter about the steel design.

wmd.

GL 187-209 Read Street

February 6, 1952

Lyman S. Moore, City Manger

Warren McDonsld, Insptr. of Bldgs.

Quarry Road at Rocky Hill in connection with possible development for  
American Can Company

While talking over with Jim Saunders the type of building to be built for American Can Company, it came out that he thought that Quarry Road is an accepted City street. Upon inquiry of Fred Potter I found that it is not an accepted street and that it is not a dedicated street as far as being plotted on some official map is concerned. Fred says that it may be dedicated by means of deeds but not otherwise.

I assured Mr. Saunders that that was nothing to worry about, that it was probably just an oversight and that everybody wanted the development to go ahead. No doubt further along in the transactions arrangement could be made where the City Council would agree to certain things with regard to Quarry Road at least for the length to satisfy the Can Company. He seemed satisfied. It appears that Quarry Road is 50' wide.

Thought you ought to know about this question.

Inspector of Buildings

WMcD/G

READ

ST.

187

189

191

193

195

197

199

201

203

205

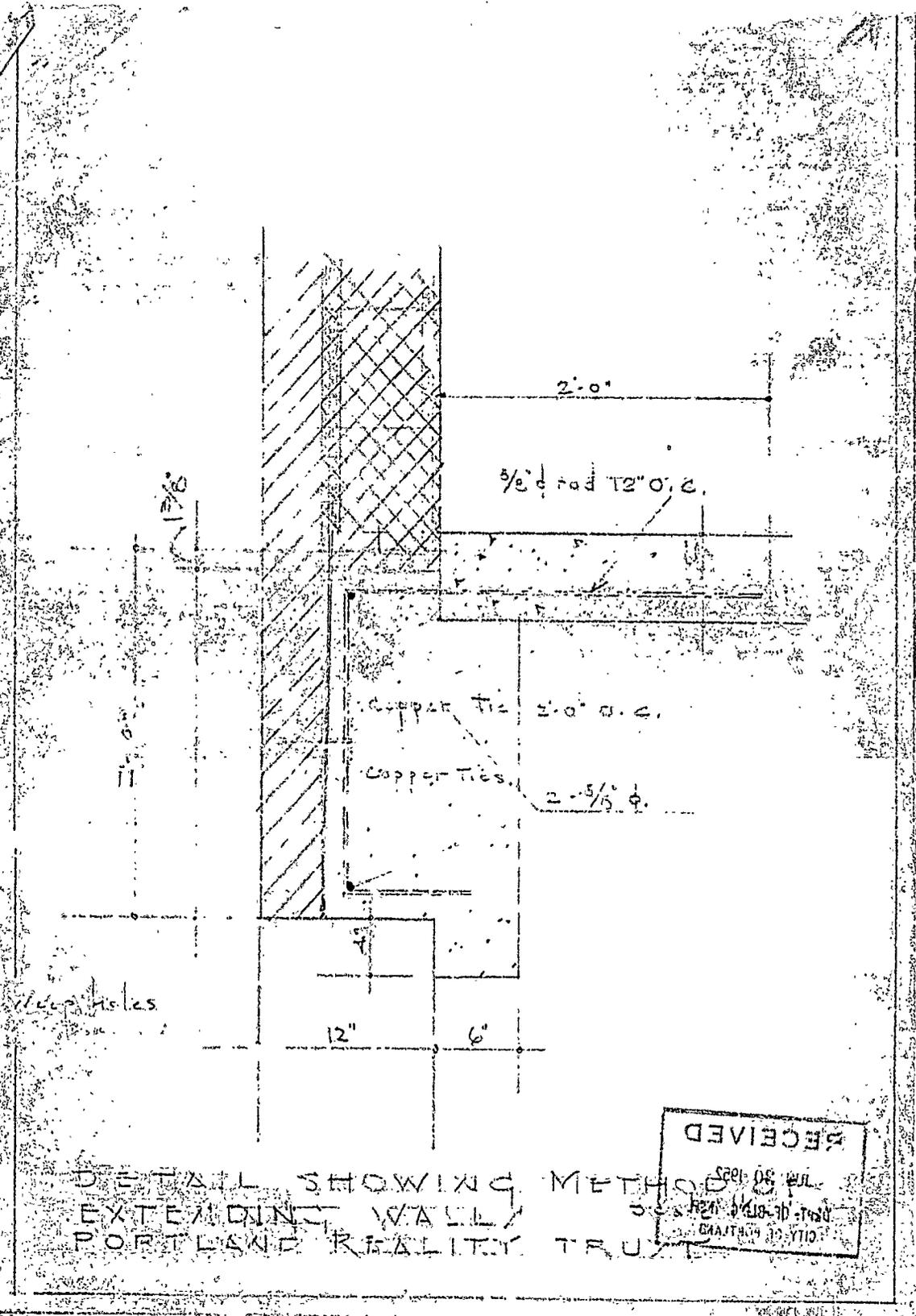
207

209

DAIRY ROAD

former Bay St Entry

2



DETAIL SHOWING METHOD OF  
 EXTENDING WALL  
 PORTLAND REALTY TRUST

RECEIVED  
 JUN 30 1925  
 PORTLAND REALTY TRUST  
 CITY OF PORTLAND





3

APPLICATION FOR PERMIT

667

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE May 30, 1984

DEC 20 1984

CITY OF PORTLAND

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

LOCATION 203 Reed St.
1. Owner's name and address Brocton Smith Inc. - 6711 Fire District #1 [ ] #2 [ ]
2. Lessee's name and address Telephone 774-6202
3. Contractor's name and address Fred Parico for Allied Constr. - represents Brocton Smith Telephone
Proposed use of building addition to bldg. No. of sheets
Last use No. families
Material No. stories Heat Style of roof No. families Roofing
Other buildings on same lot
Estimated contractual cost \$ 1,400,000

FIELD INSPECTOR - Mr. @ 775-5451
Appeal Fees \$
Base Fee 300.00
Late Fee 7,030.00
TOTAL \$

Major Site Plan Review
To construct 2000 sq ft addition to already existing building 40,000

Stamp of Special Conditions

appeal fee paid 6-14-84 50.00

Send permit to Brocton Smith, Inc. P. O. Box 636 - 04104

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

DETAILS OF NEW WORK

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

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION - PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING:
BUILDING CODE: Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed?
Fire Dept.:
Health Dept.:
Others:

Signature of Applicant Fred Parico for Allied Phone # 339-3300
Type Name of Engineering [ ] [ ] [ ] [ ]
Other and Address

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3825

**PROPERTY ADDRESS**

Town or Plantation: PORTLAND

Street: 213 READ ST

**PROPERTY OWNERS NAME**

Last: BRUCKWAY First: SMITH

Applicant Name: SCRIBNERT IVERSON

Mailing Address of Owner/Applicant (if different): 11 BRY 27 PORTLAND

PORTLAND PERKIT # 638 TOWN COPY

Date: 10.10.84 \$ \_\_\_\_\_ FEE  Double Fee Charged

L.P.I. # \_\_\_\_\_

*Franklin Goodwin*

**Owner/Applicant Statement**

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

*Donald DeGruy* 10/10/84

Signature of Owner/Applicant Date

**Caution: Inspection Required**

have inspected the installation authorized above and found it to be in compliance with the rules and regulations.

*Franklin Goodwin*

Local Plumbing Inspector Signature Date Approved: **OCT 29 1984**

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <u>relocate</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'G HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER
SEP 12 1984	<i>W. W. W.</i>	LICENSE # <u>120,674</u>

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
SEP 17 1984	HOOK-UP: to public sewer in those cases where the connection is not permitted and inspected by the local Sanitary District.		H bibb / Sillcock		Bathtub (and Shower)
OCT 17 1984		4	Floor Drain		Shower (Separate)
	HOOK-UP: in an existing surface wastewater disposal system.		Urinal	1	Sink
			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
			Denial Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Over:	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

5  
9  
\$27  
\$27

TOWN COPY



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date Oct. 3 11-9, 19 84  
 Receipt and Permit number C-17551

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: 203 Read St.  
 OWNER'S NAME: Brockway - Smith ADDRESS: same

	FEES
OUTLETS: Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of) Incandescent _____ Fluorescent <u>80</u> (not strip) TOTAL <u>80</u>	10.00
Strip Fluorescent _____ ft. ....	
SERVICES: Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>400</u>	6.00
MISCELLANEOUS: (number of) <u>1</u>	.50
TRANSFORMERS: (number of) _____	
FRACTIONAL: (number of) _____	
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)	
Stanges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels <u>2</u> .....	2.00
Transformers _____	
Air Conditioners Central Unit <u>2</u> .....	10.00
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) .....	
TOTAL AMOUNT DUE: _____	28.50

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_; or Will Call xx  
 CONTRACTOR'S NAME: Aladdin Electric  
 ADDRESS: 631 Forest Avenue  
 TEL.: \_\_\_\_\_  
 MASTER LICENSE NO.: on file SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

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



APPLICATION FOR PERMIT

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

867 PERMIT ISSUED

ZONING LOCATION ..... PORTLAND, MAINE May 30, 1984

JUL 20 1984

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

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

CITY OF PORTLAND

LOCATION: 203 Read St. 04103 Fire District #1 [ ] #2 [ ]
1. Owner's name and address Brockway Smith Inc. - same Telephone 774-6201
2. Lessee's name and address Telephone
3. Contractor's name and address Fred Panico for Allied Constr. - represents Brockway Smith Telephone
Proposed use of building addition to bldg. No. families
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot

Estimated contractual cost \$ 1,400,000 Appeal Fees \$
Base Fee \$ 200.00
Late Fee \$ 7,010.00
TOTAL \$

FIELD INSPECTOR - Mr. WILLIAMS @ 775-5451
Major Site Plan Review
To construct 4,800 sq ft addition to already existing building 40,0'0
appeal fee paid 6-14-84 50.00
send permit to Brockway Smith, Inc. P. O. Box 636 - 04104

Stamp: SPECIAL REVIEW

Stamp: Stamp of Special Conditions PERMITTED

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

Stamp: PLAN REVIEW WITH LETTER

DETAILS OF NEW WORK

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

IF A GARAGE

No. cars now accommodated on same lot, to be accommodated number commercial cars to be accommodated
Will auto nobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION - PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING:
BUILDING CODE: Will there be in charge of the above work a person competent
Fire Dept. to see that the State and City requirements pertaining thereto
Health Dept. are observed?
Others:
Signature of Applicant Fred Panico for Phone # 839-3303
Type Name of above Fred Panico for Allied 1 [ ] 2 [ ] 3 [ ] 4 [ ]
Engineering Other
and Address

Stamp: PERMIT ISSUED FIELD INSPECTOR'S COPY WITH LETTER

APPLICANT'S COPY OFFICE FILE COPY

NOTES

9-4 WORK COMPLETE WITHOUT  
BENEFIT OF AN INSPECTION (W)

Permit No. 867151

Location 203 Reed St

Owner Brackway Smith Inc

Date of permit May 30-84

Approved July 20-84

Dwelling

Garage

Alteration 14,000 sq Addition

~~Empty lined area for notes, crossed out with a large X.~~

**CITY OF PORTLAND, MAINE**  
**SITE PLAN REVIEW**  
 Processing Form

369

Brockway Smith Inc. June 1, 1984

Applicant: 203 Read Street Date: 203 Read Street

Mailing Address: warehouse Address of Proposed Site: 203 Read Street

Proposed Use of Site: 6.86 acres / 40,332 sq ft. Site Identifier(s) from Assessors Maps: \_\_\_\_\_

Acreage of Site / Ground Floor Coverage: \_\_\_\_\_ Zoning of Proposed Site: \_\_\_\_\_

Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors: \_\_\_\_\_

Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area: \_\_\_\_\_

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

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

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

Explanation: \_\_\_\_\_

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

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

REASONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*[Signature]*  
 SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT - ORIGINAL

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

3127

Brookway Smith Inc.

June 1, 1984

Applicant: 23 Acad Street

203 Pearl Street

Date

Mailing Address:

Address of Proposed Site

Proposed Use of Site

Site Identifier(s) from Assessors Maps

6.80 acres / 40,332 sq. ft.

Acreage of Site / Ground Floor Coverage

Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes ( ) No

Proposed Number of Floors

Board of Appeals Action Required: ( ) Yes ( ) No

Total Floor Area

Planning Board Action Required: ( ) Yes ( ) No

Other Comments:

Date Dept. Review Due:

FIRE DEPARTMENT REVIEW

(Date Received)

	ACCESS TO SITE	ACCESS TO STRUCTURES	SUFFICIENT VEHICLE TURNING ROOM	SAFETY HAZARDS	HYDRANTS	SIAMASE CONNECTIONS	SUFFICIENCY OF WATER SUPPLY	OTHER	
APPROVED	✓	✓	✓	✓	✓	✓	✓	✓	
APPROVED CONDITIONALLY									CONDITIONS SPECIFIED BELOW
DISAPPROVED									REASONS SPECIFIED BELOW

REASONS:

(Attach Separate Sheet if Necessary)

James P. [Signature]

SIGNATURE OF REVIEWING STAFF/DATE

FIRE DEPARTMENT COPY

6-6-84

**CITY OF PORTLAND, MAINE**  
**SITE PLAN REVIEW**  
**Processing Form**

209  
 June 1, 1984

Applicant Burdway Brick Inc. Date \_\_\_\_\_  
 Mailing Address 203 Bond Street Address of Proposed Site \_\_\_\_\_  
 Proposed Use of Site \_\_\_\_\_ Site Identifier(s) from Assessors Maps \_\_\_\_\_  
6.26 acres / 40,332 sq ft. Zoning of Proposed Site \_\_\_\_\_  
 Acreage of Site / Ground Floor Coverage \_\_\_\_\_  
 Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors \_\_\_\_\_  
 Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area \_\_\_\_\_  
 Planning Board Action Required: ( ) Yes ( ) No  
 Other Comments: \_\_\_\_\_  
 Date Dept. Review Due: \_\_\_\_\_

**PLANNING DEPARTMENT REVIEW**

(Date Received) \_\_\_\_\_

- Major Development — Requires Planning Board Approval: Review Initiated  
 Minor Development — Staff Review Below

	LOADING AREA	PARKING	CIRCULATION PATTERN	ACCESS	PEDESTRIAN WALKWAYS	SCREENING	LANDSCAPING	SPACE & BULK OF STRUCTURES	LIGHTING	CONFLICT WITH CITY PROJECTS	FINANCIAL CAPACITY	CHANGE IN SITE PLAN	
APPROVED	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	CONDITIONS SPECIFIED BELOW
APPROVED CONDITIONALLY													
DISAPPROVED													

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach Separate Sheet if Necessary)

*Barbara Barbett* July 11, 1984  
 SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT COPY

CITY OF PORTLAND, MAINE

SITE PLAN REVIEW

Processing Form

369

Applicant: Brookway South Inc.

Date: June 1, 1984

Mailing Address: 203 Read Street

Address of Proposed Site: 203 Read Street

Proposed Use of Site: 6.6 acres / 332 sq ft.

Site Identifier(s) from Assessors Maps: \_\_\_\_\_

Acreage of Site / Ground Floor Coverage: \_\_\_\_\_

Zoning of Proposed Site: \_\_\_\_\_

Site Location Review (DEP) Required: ( ) Yes ( ) No

Proposed Number of Floors: \_\_\_\_\_

Board of Appeals Action Required: ( ) Yes ( ) No

Total Floor Area: \_\_\_\_\_

Planning Board Action Required: ( ) Yes ( ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received) \_\_\_\_\_

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	✓	✓	✓	✓		
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach Separate Sheet if Necessary)

*Robert J. [Signature]* July 10, 1984  
 SIGNATURE OF REVIEWING STAFF DATE

PUBLIC WORKS DEPARTMENT COPY



## CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

July 18, 1984

Brockway Smith Inc.  
P.O. Box 636  
Portland, ME 04104

RE: 203 Read Street

Gentlemen:

Your application to construct a 40,000 sq. ft. addition has been reviewed, and a building permit is herewith issued subject to the following requirements.

### Site Plan Review Requirements

Inspection Services Division:	None. M. Ward 7/12/84
Fire Department:	None. Lt. J. Collins 6/6/84
Planning Department:	None. B. Barhydt 7/11/84
Public Works Department:	None. R. Roy 7/10/84

### Building and Fire Code Requirement

1. All electrical and plumbing permits must be obtained by masters of their trade.
2. The existing sprinkler systems shall be expanded to include the addition.
3. Storage areas shall not open into stairway enclosures as shown.
4. Before any work begins, a complete set of structural drawings with a certificate of design signed by a structural engineer must be filed with this office.

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

Sincerely,

P. Samuel Hoffses  
Chief of Inspection Services

PSH/kat  
Enclosure

Harvey E. Sawyer, Jr. P.E.  
PRESIDENT

Albert W. Milasauskis, Jr. P.E.  
VICE PRESIDENT - MECH & ELEC ENG.

Roy B. Spugnardi P.E.  
VICE PRESIDENT - CIVIL ENG.

Thomas J. Spugnardi  
VICE PRESIDENT - ARCH. ENG.

Richard M. Poulin  
VICE PRESIDENT - CIVIL-STRUCTURAL ENG.

Kenneth T. Northrup  
VICE PRESIDENT - BUS. ADM.

# allied engineering, inc.

Architects / Engineers

ARCHITECTURAL • STRUCTURAL • CIVIL • MECHANICAL • ENERGY MANAGEMENT



381 Main Street • Gorham, Maine 04038-1385 • Telephone 207-839-3304

May 30, 1984

Chairman  
Portland Planning Board  
389 Congress Street  
Portland, Maine 04101

RE: Site Plan Review  
Maine Brosco, Inc.

Dear Mr. Chairman:

Enclosed is our application for site plan review under Section 14 of the Municipal Code. Our application covers a warehouse expansion of some 40,332 square feet. The total land area of the site is 6.86 acres of which 3.71 acres will be building, 1.37 acres will be pavement and 1.77 acres will be non-paved.

There exists a 30 foot sewer easement through the property as shown on the plan.

Solid waste is removed by a private hauler on a daily basis. We have expanded this in our application.

We do not feel there is a problem with drainage of the area and have provided or addressed this item in our application.

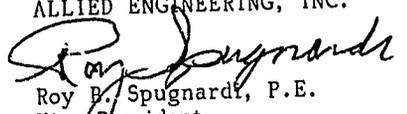
We anticipate construction could begin as early as June 15, 1984, and could be completed as early as December 15, 1984.

We have enclosed a check in the amount of \$300 to cover the application fee.

If any additional information is needed, please do not hesitate to contact me.

Yours truly,

ALLIED ENGINEERING, INC.

  
Roy B. Spugnardi, P.E.  
Vice President

RBS/cji

Enclosures

RECEIVED

MAY 30 1984  
DEPT. OF BLDG. INSP  
CITY OF PORTLAND

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3876

**PROPERTY ADDRESS**

Town or Plantation: Portland, Me

Street: 203 Read St.

Subdivision/Lot #: \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last: Brookway Smith Co.

First: \_\_\_\_\_

Applicant Name: Scribner & Iverson

Mailing Address of Owner/Applicant (if Different): 53 Danforth St. Portland, Me 04112

PORTLAND PERMIT # 2,354 TOWN COPY

Date Permit Issued: 06/28/87 \$ 6 FEE  Double Fee Charged

Amelia P. Iverson L.P.I. # \_\_\_\_\_

Local Plumbing Inspector Signature

**Owner/Applicant Statement**

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

Amelia P. Iverson Date: 6/28/87

Signature of Owner/Applicant

**Caution: Inspection Required**

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

Amelia P. Iverson Date: 6/28/87

Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <u>manufacturer</u>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>000694</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing above surface wastewater disposal system.		Indirect Waste		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 Cupboard		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
Hook-Up & Relocation Fee		<b>Fixtures (Subtotal) Column 2</b>	1	<b>Fixtures (Subtotal) Column 1</b>
				<b>Fixtures (Subtotal) Column 2</b>
				<b>Total Fixtures</b>
				<b>Fixture Fee</b>
				<b>Hook-Up &amp; Relocation Fee</b>
			\$ 6	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

**PLUMBING APPLICATION**

Department of Human Services  
Division of Mechanical Engineering  
(207) 259-3622

PROPERTY ADDRESS:  
Town Or Plantation: Portland, Me  
Street Subdivision Lot #: 203 Road St.  
PROPERTY OWNERS NAME:  
Last: Brockway Smith Co.  
Applicant Name: Scribner & Iverson  
Mailing Address of Owner/Applicant (if Different): 53 Danforth St. Portland, Me 04112

PERMIT # 2,354 TOWN COPY  
Date Permit Issued: 06-28-87 \$ 16 FEE Charged  
Local Plumbing Inspector Signature: [Signature] L.P.I. # \_\_\_\_\_  
Date Approved: June 28 1987

**Owner/Applicant Statement**  
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.  
Signature of Owner/Applicant: [Signature] Date: 6/28/87

**Caution: Inspection Required**  
I have inspected the installation authorized above and found it in compliance with the Maine Plumbing Rules.  
Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: 6/28/87

**PERMIT INFORMATION**

<b>This Application is for:</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <u>manufacturer</u>	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>006914</u>
--	--	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. <b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Showers (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
Number of Hook-Ups & Relocations		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
Hook-Up & Relocation Fee		Sidet		Laundry Tub
		Other: _____	1	Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	1	<b>Fixtures (Subtotal) Column 1</b>
				<b>Fixtures (Subtotal) Column 2</b>
				<b>Total Fixtures</b>
				<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>
			\$ 6	
			\$	
			\$ 5	

CITY OF PORTLAND, MAINE  
BOARD OF APPEALS



MERRILL S. SELTZER  
Chairman

JOHN C. KNOX  
Secretary

PETER F. MORELLI  
THOMAS F. JEWELL  
DAVID SILVERMAIL  
MICHAEL E. WESTORT  
CHRISTOPHER DINA

203 Read Street

March 2, 1988

Mr. Denis L. Lemieux, AIA  
HBL Corporation  
178 Court Street  
Auburn, Maine 04210

Dear Mr. Lemieux:

This will acknowledge receipt of your request for a variance on behalf of Brockway-Smith Company, at 203 Read Street. Based upon a projected warehouse addition and a total of 200,294 square feet, 200 offstreet parking spaces would be required for your warehouse plus any office uses at one space per each 400 square feet of floor area devoted to office uses.

Your proposed site plan would provide a total of 120 car spaces for parking which you have projected would be adequate for the projected number of your employees estimated at about 105 people, for both office and warehouse combined. The projected addition would be raised above the present parking lot area and would be entered from the rear of the building. We understand that all of your loading and unloading takes place off the street.

This request for parking variance would be seeking relief from the parking requirements in Sections 14-332 (10) and 14-332 (12) which require one parking space for each 400 square feet of floor area devoted to office and one parking space for each 1,000 square feet of floor area devoted to warehouse (industrial) type uses.

This item will be scheduled for review by the Board of Appeals at their regular meeting on Thursday evening, March 24, 1988, at 7 P.M. in Room 209, City Hall, Portland, Maine. A copy of the agenda for that meeting will be sent out as soon as printed copies become available.

Sincerely,

*Warren J. Turner*

Warren J. Turner  
Zoning Enforcement Inspector

cc: Merrill S. Seltzer, Chairman, Board of Appeals  
Joseph E. Gray, Jr., Director, Planning & Urban Development  
Alexander Jaegerman, Chief Planner  
P. Samuel Hoffses, Chief, Inspection Services  
Fred Williams, Code Enforcement Officer  
Charles A. Lane, Associate Corporation Counsel



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

203 Read Street

January 25, 1988

Mr. Denis L. Lemieux  
Vice President  
HBL Corporation  
178 Court Street  
Auburn, Maine 04210

Dear Mr. Lemieux:

This will acknowledge receipt of your letter to Mr. Joseph E. Gray, Jr., Director of Planning and Urban Development for the City of Portland. This concerned your proposal for expanding the Warehouse for Brockway-Smith Company at 203 Read Street in Portland's I-2 Industrial Zone.

I have been requested to write to you and to request that you file an application for a building permit and site plan review for this project. It is my understanding that you plan to construct a 42,425 square foot building addition to the existing Brockway-Smith Warehouse.

We also wish to advise that the City's parking requirements are based on a formula of one space offstreet for each one thousand square feet of warehouse space. If you consider this to be prohibitive in view of the parking demand which you anticipate, then a variance request for reduction of the parking requirement would be in order. Such a variance request would be considered by the Board of Appeals.

Enclosed are materials relating to the variance request application, and there is a fee of \$50.00 for filing such a request for consideration by the Board of Zoning Appeals.

We shall await word from you concerning your wishes in regard to this application for site plan review and a possible variance request, prior to the application for a building permit for the warehouse addition.

Sincerely,

*Warren J. Turner*

Warren J. Turner  
Zoning Enforcement Inspector

Enclosure: Variance Request Forms

cc: Joseph E. Gray, Jr., Director, Planning & Urban Development  
Alexander Jaegerman, Chief Planner  
P. Samuel Hoffses, Chief, Inspection Services  
Fred Williams, Code Enforcement Officer

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**PROPERTY ADDRESS**  
Town Or Plantation: Portland, Me  
Street: \_\_\_\_\_  
Subdivision Lot #: 203 Pearl St

**PROPERTY OWNERS NAME**  
Last: Brockway Smith First: \_\_\_\_\_  
Applicant Name: SCRIBNER & IVERSON INC.  
Mailing Address of Owner/Applicant (If Different):  
P O Box #779  
Portland, Me 04104

PORTLAND PERMIT # 2,739 TOWN COPY

Date Permitted: 10/20/88 FEE: 112  Double Fee Charged

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # \_\_\_\_\_

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

Signature of Owner/Applicant: Walter R. Raine Date: 10-5-88

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

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: MAR 5 1988

## 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 MOBIL. HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER - SPECIFY: Business

**Plumbing To Be Installed By:**

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

LICENSE # 065112

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Silcock		Bathub (and Shower)
		Floor Drain		Shower (Separate)
OR	1	U'inal	2	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		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 Cuspidor		Garbage Disposal
		Sidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
\$ Hook-Up & Relocation Fee	1	<b>Fixtures (Subtotal) Column 2</b>	3	<b>Fixtures (Subtotal) Column 1</b>
			1	<b>Fixtures (Subtotal) Column 2</b>
			4	<b>Total Fixtures</b>
			\$ 12	<b>Fixture Fee</b>
			\$	<b>Hook-Up &amp; Relocation Fee</b>
			\$ 12	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

**PORTLAND, MAINE**

BOARD OF APPEALS



MERRILL S. SELTZER  
Chairman

JOHN C. KNOX  
Secretary

PETER F. MORELLI  
THOMAS F. JEWELL  
DAVID L. SILVERNAIL  
MICHAEL E. WESTORT  
CHRISTOPHER DINAH

203 Read Street

March 28, 1988

Luell Hemingway, AIA, President  
Corporation, Architectural Engineering  
Court Street  
Portland, Maine 04210

Dear Mr. Lemieux:

We will confirm our telephone conversation this morning, in which you indicated that you are designing sufficient offstreet parking for 203 Read Street to meet the 13 spaces required by the City Zoning Ordinance, and that you intend to withdraw the request for variance, which was postponed by the Board of Appeals Thursday evening, March 24th, to the next regular meeting on the evening of April 7th. This item is therefore being withdrawn from the agenda at the request of the applicant.

The Board of Appeals reviewed your variance request on behalf of Brockway-Smith Company and questioned whether it would be possible for the offstreet parking to be met in accordance with the City Zoning Ordinance. The Board then acted by a unanimous vote of six members present to postpone this item to the regular meeting of the Board on Thursday evening, April 7th, at 7 P.M. in Room 209, City Hall, Portland, Maine.

We send us a letter requesting the withdrawal of this variance request so that we may furnish a copy of the communication to the Board of Appeals prior to the April 7th meeting.

Sincerely,

John J. Turner  
Code Enforcement Inspector

Merrill S. Seltzer, Chairman, Board of Appeals  
Joseph E. Gray, Jr., Director, Planning & Urban Development  
Samuel Hoffses, Chief, Inspection Services  
Frank Williams, Code Enforcement Officer  
Charles A. Lane, Associate Corporation Counsel  
Mark M. Neily, Director, Economic Development  
Alexander Jaegerman, Chief Planner

023835

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$120.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Brockway Smith Phone # 774-6201  
 Address: 203 Read St. Pctld, ME 04103  
 LOCATION OF CONSTRUCTION 203 Read St.  
 Contractor: Edward Carignan Sub. \_\_\_\_\_  
 Address: 18 Swett Rd. Windham, ME 04062 Phone # 892-8030  
 Est. Construction Cost: \$20,000.00 Proposed Use: warehouse w/ elevator  
 Past Use: warehouse  
 # 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 installing elevator

**For Official Use Only**

Date: 6/24/92 Subdivision: \_\_\_\_\_ Name: JUN 25 1992  
 Inside Fire Limits: \_\_\_\_\_ Bldg Code: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Ownership:  Public  Private  
 Estimated Cost: \_\_\_\_\_

Zoning: \_\_\_\_\_  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: WMA-106-25-92

**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: \_\_\_\_\_  
 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 \_\_\_\_\_

**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 J. Fogg

Signature of Applicant Edward Carignan Date 6/24/92  
 Edward Carignan Edward Carignan

CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE 16 M.A. Rowell  
 Ivory Tag - CEO

White - Tax Assessor

930192

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$320. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Brockway-Smith Co. Phone # 774-6201  
 Address: 203 Read St- Ptd, ME 04103  
 LOCATION OF CONSTRUCTION 203 Read St.  
 Contractor: Callahan Bros Inc Sub: 345-9443  
 Address: RFD1-Box 5080- Mechanic Falls, ME 04256  
 Est. Construction Cost: 60,000 Proposed Use: warehouse  
 Past Use: \_\_\_\_\_  
 # 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 clean up debris from storm damage

**For Official Use Only**

Date 3/17/93 Subdivision: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name: MAR 18 1993  
 Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_  
 Estimated Cost: 60,000 Private \_\_\_\_\_

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 \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other \_\_\_\_\_ (Explain) \_\_\_\_\_

(root; walls)

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: \_\_\_\_\_  
 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 \_\_\_\_\_

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 Louise E. Chase

Signature of Applicant [Signature] Date \_\_\_\_\_

Signature of CEO [Signature] Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

White-Tax Assessor Allow-GP'OG

License Tag -CEO [Signature] © Copyright GPCOG 1988

PERMIT ISSUED WITH REQUIREMENTS

STRUCTURAL DESIGN CONSULTANTS, INC.  
145 NEWBURY STREET  
PORTLAND, ME 04101-4215  
PHONE: (207) 775-4354  
FAX: (207) 775-4383

MEMORANDUM

*203 Read St.*

JOB NAME: BROCKWAY-SMITH ROOF FAILURE  
JOB NO.: 93014  
DATE: MARCH 16, 1993  
TO: STU BAILEY  
FROM: DAVID TETREULT  
SUBJECT: SNOW LOAD CAPACITY OF 1952 WAREHOUSE

We have completed a structural analysis of the roof framing at the 1952 portion of the Read Street facility. The analysis was based on information contained in the original plans for the building prepared by James Sanders Associates. We obtained the plans from the Portland City Building Department.

Based on the documents and limited visual observations of the roof framing, we have determined that the roof is capable of safely (within allowable stresses determined by the Building Code) supporting approximately 38 PSF (pounds per square foot) of snow. We measured the current depth of snow on the roof and found a 1-1/2" layer of ice under an 18" layer of snow. The total weight currently on the roof is calculated to be 42 PSF. Although the current snow load results in a stress that is above the allowable stress, it is below a failure level.

Based on our analysis and observations we recommend the following:

1. The roof between grids 1 and 8 is safe to walk on. The roof scuppers in this area should be cleared of ice. Snow should be cleared from this roof area if a significant amount of the present snow has not melted prior to another snowfall.
2. The area between grids 1 and 8 is safe to occupy except during removal of the roof section between grids 8 and 11 and unless additional snow or rain accumulates on the roof.
3. The area between grids 8 and 11 is unsafe to enter under any circumstance.

SIGNATURE: *David Tetreault*

Copy to: Sam Hoffses: Chief Portland Building Inspector  
John Cimino: Cimino Construction  
Phil Doughcy: Doughty Associates

930664

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$2895 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Brockway-Smith CO. Phone # \_\_\_\_\_  
Address: 203 Read St- Ptd, ME 04103  
LOCATION OF CONSTRUCTION 203 Read St.  
Contractor: Cimino Const CO Sub.: 883-5138  
Address: Box 1627- Ptd, ME 04104 Phone # \_\_\_\_\_  
Est. Construction Cost: 575,000 Proposed Use: warehouse w rebld  
Past Use: warehouse  
# 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 rebuild section of collapsed structure

**PERMIT ISSUED**  
For Official Use Only  
Date: 7/30/93 Subdivision: \_\_\_\_\_  
Name: AUG-93  
Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_  
Bldg Code \_\_\_\_\_ Ownership \_\_\_\_\_  
Time Limit \_\_\_\_\_  
Estimated Cost: 575,000  
**CITY OF PORTLAND**  
Zoning: \_\_\_\_\_  
Street Frontage Provided: \_\_\_\_\_  
Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
Review Required:  
Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception \_\_\_\_\_  
Other: WDA 8-2-93 (Explain)

Foundations:  
1. Type of Soil: \_\_\_\_\_  
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
3. Footings Size: \_\_\_\_\_  
4. Foundation Size: \_\_\_\_\_  
5. Other: \_\_\_\_\_  
\*\* ten dump permits for s-axle #'s 07057 to 07066  
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: \_\_\_\_\_

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 \_\_\_\_\_ Spacing \_\_\_\_\_  
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
3. Roof Covering Type \_\_\_\_\_  
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 Flaches \_\_\_\_\_  
4. No. of Lavatories \_\_\_\_\_  
5. No. of Other Fixtures \_\_\_\_\_  
Swimming Pools:  
1. Type: \_\_\_\_\_  
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_  
3. Must conform to National Electrical Code and \_\_\_\_\_

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 \_\_\_\_\_

**PERMIT ISSUED WITH LETTER**

**PERMIT ISSUED WITH LETTER**

Permit Received By Louise E. Chase  
Signature of Applicant: John Cimino Date: 7-30-93  
Signature of CEO: John Cimino Date: \_\_\_\_\_  
Inspection Dates \_\_\_\_\_



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 203 Read St.

Issued to Brockway-Smith Co.

Date of Issue 2/23/94

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 93/0654 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

entire

warehouse

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

2/24/94

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

930664

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$295 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Brockway-Smith CO. Phone # \_\_\_\_\_  
 Address: 203 Read St- Ptld, ME 04103  
 LOCATION OF CONSTRUCTION 203 Read St.  
 Contractor: Cimino Const CO Sub: 883-5138  
 Address: Box 1627- Ptld, ME 04104 Phone # \_\_\_\_\_  
 Est. Construction Cost: 575,000 Proposed Use: warehouse w cabit  
 Past Use: warehouse  
 # 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 rebuild section of collapsed structure

- appx 75'x275' -

## Foundation:

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

\*\* See dump permits for same #'s 07057 to 07056

## 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: 7/30/93 Subdivision: \_\_\_\_\_  
 Inside Fire Limits: \_\_\_\_\_ Name: AUG - 3 1993  
 Bldg Code: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_  
 Estimated Cost: 575,000

**CITY OF PORTLAND**

Zoning: \_\_\_\_\_  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ / Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: WPH 9-2-93 (Explain)

## Ceiling:

1. Ceiling Joists Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Not in District no. Landmark
3. Type Ceilings: \_\_\_\_\_ Does not require review
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_ Requires Review
5. Ceiling Height: \_\_\_\_\_

## Roof:

1. Truss or Rafter Size \_\_\_\_\_ Spacing \_\_\_\_\_ Approved
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approved with conditions
3. Roof Covering Type \_\_\_\_\_

## 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: \_\_\_\_\_ Square Footage \_\_\_\_\_
2. Pool Size: \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

**PERMIT ISSUED  
WITH LETTER**

Approved By Louise F. [Signature]  
 Signature of Applicant John Cimino  
 Signature of CEO John Cimino Date 30-93

Inspection Dates \_\_\_\_\_

EP-05-7

White-Tax Assessor

Yellow- GPCOG

White Tag- CFO

© Cop/right GPCOG 198

PLOT PLAN

N



FEES (Breakdown From Front)

Base Fee \$ 2895  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Latv Fee \$ \_\_\_\_\_

Inspection Record

Type	Date
<u>Co/O.</u>	<u>2/23/94</u>
	<u>1/1</u>
<u>A flow</u>	<u>1/1</u>
	<u>1/1</u>
	<u>1/1</u>

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

John Marino

Date

7-30-93

Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

August 3, 1993

RE: 203 Read St.  
Warehouse

Cimino Construction  
Box 1627  
Portland, Me 04104

Dear Sir:

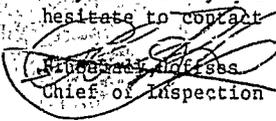
Your application to rebuild collapsed section of structure (75' X 275'), has been reviewed and a permit is herewith issued subject to the following requirements:

No Certificate of Occupancy can be issued until all requirements of this letter are met.

BUILDING AND FIRE CODE REQUIREMENTS

1. The fire alarm system shall be extended to this space.
2. A fire acceptance report shall be submitted to the Portland Fire Department.
3. Sprinkler work over 20 heads must be approved by the State Fire Marshall.
4. All exit signs, lights and means of egress lighting shall be done in accordance with Article 8, sections and subsection 822 & 823 of the City's building code. (The BOCA National Building Code/1990)

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

  
Samuel P. Hoffses  
Chief of Inspection Services

cc: LT. Gaylen McDougall, Fire Prevention Bureau



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 12/7/93 1993  
 Receipt and Permit number 4471

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 and Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 203 Read St.

OWNER'S NAME: Brockway-Smith Co ADDRESS: \_\_\_\_\_

	FEES
<b>OUTLETS:</b>	
Receptacles <u>30</u> Switches <u>20</u> Plugmold _____ ft. TOTAL <u>50</u> .....	<u>10.00</u>
<b>FIXTURES:</b> (number of)	
Incandescent <u>5</u> Fluorescent <u>30</u> high-pressure sodium _____ TOTAL <u>50</u> .....	<u>10.00</u>
Strip Fluorescent _____ ft. ....	
<b>SERVICES:</b>	
Overhead <u>0000</u> Underground _____ Temporary _____ 10 AL amperes <u>800</u> ..	
<b>METERS:</b> (number of) <u>1</u> .....	<u>1.00</u>
<b>MOTORS:</b> (number of)	
Fractional <u>5</u> .....	<u>10.00</u>
<u>1</u> HP or over .....	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) .....	
Electric (number of rooms) .....	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) .....	
Oil or Gas (by separate units) .....	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES:</b> (number of)	
Ranges _____ <u>1</u> _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ <u>1</u> _____ Others (denote) _____	
TOTAL <u>2</u> .....	<u>4.00</u>
<b>MISCELLANEOUS:</b> (number of)	
Branch Panels <u>5</u> .....	<u>20.00</u>
Transformers <u>2</u> - _____ 25-200 KVA .....	<u>16.00</u>
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Buglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amp. _____	
Circus, Fairs, etc. _____	
Alterations to wires <u>X</u> .....	<u>5.00</u>
Repairs after fire _____	
Emergency Lights, battery <u>7</u> .....	<u>7.00</u>
Emergency Generators _____	
<b>INSTALLATION FEE DUE:</b> _____	
<b>FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:</b> _____	
<b>FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....</b> _____	
<b>TOTAL AMOUNT DUE:</b> _____ <u>83.00</u>	

**INSPECTION:**

Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call X

CONTRACTOR'S NAME: Atlantic Coast Elect

ADDRESS: Box 8 - Gorham, ME

TEL.: 839-2600

MASTER LICENSE NO.: Kenneth Clark #04471 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: 203 Read St		Owner: Brockway Smith		Phone:		Permit No: <b>940674</b>	
Owner Address:		Leasee/Buyer's Name:		Business Name:		Permit Issued: <b>Mary Gresik</b>	
Contractor Name: * A.L. Doggett, Inc.		Address: P.O. Box 35 Gray, ME 04039		Phone: 657-4569		PERMIT ISSUED JUL - 6 1994	
Past Use: Comm		Proposed Use: Comm		COST OF WORK: \$		PERMIT FEE: \$ 55.00	
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zone: CBL: 184-A-001	
Proposed Project Description: Remove 2 underground tanks Install 1-10,000 gal(diesel) fuel tank		Signature: <i>HMS</i>		Signature:		Zoning Approval: <i>WRH</i>	
		PEDESTRIAN ACTIVITIES: Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved <input type="checkbox"/> Denied		RICT (P.U.D.): ditions: <input type="checkbox"/> <input type="checkbox"/>		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 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..

**PERMIT ISSUED WITH REQUIREMENTS**

**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 this 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: *Michael Lewis* ADDRESS: \_\_\_\_\_ DATE: 29 June 1994 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

- 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: *[Signature]*

CEO DISTRICT

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

STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF STATE FIRE MARSHAL  
AUGUSTA  
CONSTRUCTION PERMIT



Permit No. 5465

PERMISSION IS HEREBY GIVEN TO:

Location of project:

PROJECT TITLE:

Brockway-Smith Co.

Disability Access

203 Read Street

203 Read Street

OCCUPANCY CLASSIFICATION:

Portland, Maine 04103

Portland

Business

To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on December 8th, 19 92.

This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

*Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.*

Dated the 9th day of June A.D. 19 92.

Fee \$ 45.00

  
Commissioner - Public Safety

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**PROPERTY ADDRESS**  
Town Or Plantation: **PORTLAND**  
Street Subdivision Lot #: **203 READ ST / QUARRY RD W/ASE**

**PROPERTY OWNERS NAME**  
Last: **BROCKWAY-SMITH CO.**  
First:

**Applicant Name:** **THE GERBER CO., INC.**

**Mailing Address of Owner/Applicant (if Different)**  
**P.O. BOX 6692  
PORTLAND, ME**

**148-A-1**

PORTLAND 4855 TOWN COPY

**\$140.00** FEE Charged

**L.P.I. # 01241**

**Chris Plumbin Inc.**  
Local Plumbing Inspector

**Owner/Applicant Statement**  
I certify that the information submitted is correct to the best of my knowledge and understanding and that any falsification is reason for the Local Plumbing Inspector to deny a permit.  
**Chris Plumbin Inc.** 8/6/93  
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.  
**A Rowe** 5-6-94  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input checked="" type="checkbox"/> OTHER - SPECIFY: <b>COMMERCIAL</b>	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <b>000072</b>

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.		Hosebibb / Sillcock		Bathtub (and Shower)
		1	Floor Drain		Shower (Separate)
		2	Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.	1	Drinking Fountain	3	Wash Basin
			Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1
				4	Fixtures (Subtotal) Column 2
				10	Total Fixtures
				\$40.00	
				\$40.00	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

930192

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$320. Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Brockway-Smith Co. Phone # 774-5301  
 Address: 203 Read St- Ptd. ME 04103  
 LOCATION OF CONSTRUCTION 203 Read St.  
 Contractor: Callahan VBros Inc. Sub. # 345-9443  
 Address: RFD-1-Box 5080- Mechanic Falls, ME 04256  
 Est. Construction Cost: 60,000 Proposed Use: warehouse  
 Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L 2 W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion clean up debris from storm damage

**For Official Use Only**

Date 3/17/93 Subdivision: \_\_\_\_\_  
 Name MAR 18 1993  
 Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Ownership: Public \_\_\_\_\_ Private \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost 60,000

Zoning: Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required: Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other \_\_\_\_\_ (Explain) \_\_\_\_\_

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

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

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: \_\_\_\_\_

Roof: \_\_\_\_\_  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

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

Chimneys: \_\_\_\_\_  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
 Heating: \_\_\_\_\_  
 Type of Heat: \_\_\_\_\_  
 Electrical: \_\_\_\_\_  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

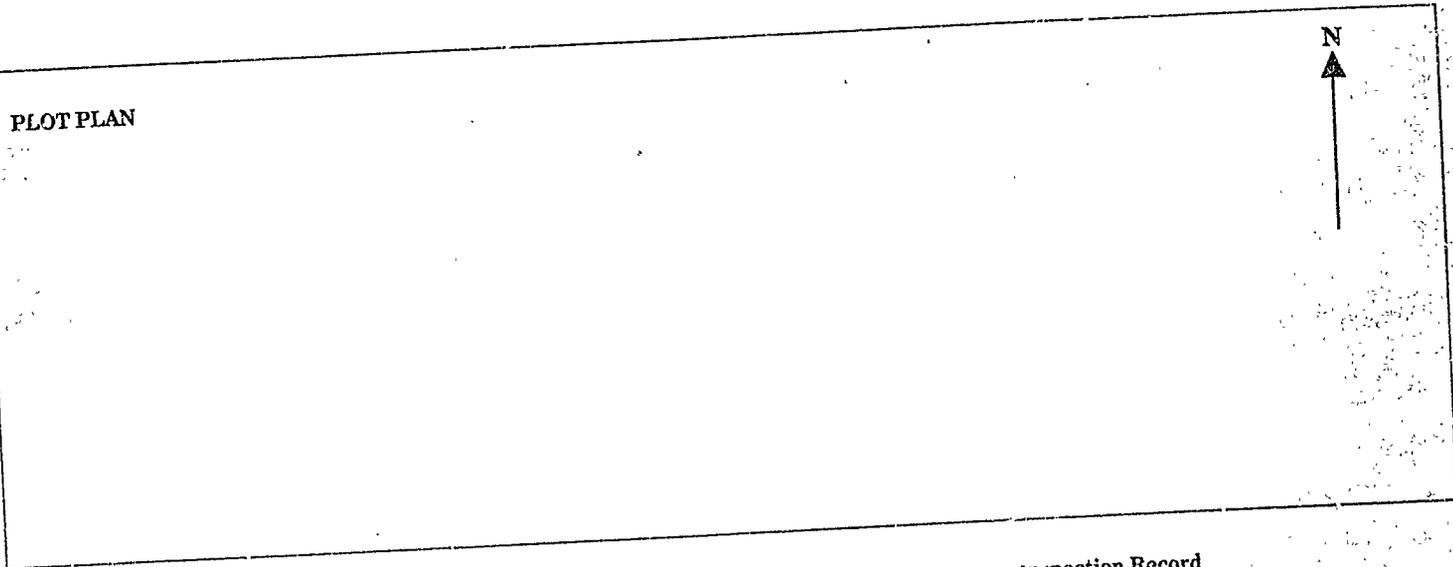
Interior Walls: \_\_\_\_\_  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

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.

Approved By Louise Chase  
 Signature of Applicant [Signature] Date \_\_\_\_\_  
 Signature of CEO [Signature] Date \_\_\_\_\_  
 Inspection Dates \_\_\_\_\_

**PLOT PLAN**



**FEES (Breakdown From Front)**  
Base Fee \$ 320 -  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Date
		6 / 3 / 94

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant

345-9443

Date

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

Location of Construction: <b>203 Read St</b>		Owner: <b>Brockway Smith</b>		Phone:	Permit No: <b>940674</b>
Owner Address:		Leasee/Buyer's Name:	Phone:	Business Name: <b>Mary Giesik</b>	
Contractor Name: <b>A.L. Doggett, Inc.</b>		Address: <b>P.O. Box 35 Gray, ME 04039</b>		Phone: <b>657-4569</b>	
Past Use: <b>Coza</b>		Proposed Use: <b>Coza</b>		COST OF WORK: \$	PERMIT FEE: \$ <b>55.00</b>
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description:  <b>Remove 2 underground tanks Install 1-10,000 gal(diesel) fuel tank</b>		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Date:	
<ol style="list-style-type: none"> <li>This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electric work.</li> <li>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.</li> </ol>				Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				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 maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
				Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
				Date: <i>[Signature]</i>	
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				Date: <b>29 June 1994</b>	
SIGNATURE OF APPLICANT: <b>Michael Lewis</b>		ADDRESS:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:	
				CEO DISTRICT <input type="checkbox"/>	

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

COMMENTS

2/7/95 done,  
A. Rowe

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

BUILDING PERMIT REPORT

Date: 7/5/94  
Address: 263 Reed St  
Type of Permit: Remove + install tanks  
Owner: Breckway Smith  
Contractor: A.L. Deppert Inc.  
Applicant: Michael Lewis  
Approved: ✓ Denied: \_\_\_\_\_

Conditions:

1. All underground tank removal(s) and/or installation(s) shall be done in accordance with Department of Environmental Protection Regulations (Chapter 691).
2. No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
3. Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

Dis. Ser. #942603873

184-A-001

cc: DEP

Start 7-5-94

Maine Departmental of Environmental Protection  
Bureau of Oil & Hazardous Materials Control  
State House Station #17, Augusta, Maine, 04333  
Telephone: 207-289-2651  
Attn: Tank Removal Notice

Fire Chief  
Brockway  
ALD

mailed  
6-16-94

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

Name of Facility Owner: Brockway-Smith Company  
Mailing Address: 146 Dascomb Rd. Telephone No: 617-475-7100  
City: Andover State: MA Zip Code: 01810  
Contact Person (name, address & telephone no.):  
Stu Bailey 774-6201  
Name of Facility: Brockway-Smith Co. Registration No.: 106351  
Facility Location: 203 Read St., Box 636, Portland, ME 04103

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

	<u>Tank Number</u>	<u>Age of Tank (Years)</u>	<u>Tank Size (Gallons)</u>	<u>Type of Product Most Recently Stored</u>
A.	1	21	2000	#2 fuel
B.	2	20	10000	diesel
C.				
D.				

2. Directions to Facility (be specific):

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes  No  (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: A. L. Doggett, Inc.

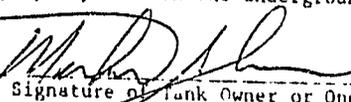
Certified Tank Installer Certification Number & Name (if applicable):  
Gregory Pollard #114

Professional Firefighter Yes  No  (Affiliation: \_\_\_\_\_)

5. Expected date of removal: July 16, 1994

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

Date: 6-16-94

  
Signature of Tank Owner or Operator

Michael Lewis for Stu Bailey Brockway  
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL - RETURN POST CARD WHEN TANK(S) HAS BEEN REMOVED.

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

cc: DEP

Fire Chief  
Brockway  
ALD

*Mailed*  
*6-16-94*

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: 106351

(Complete only if a registration has been previously assigned by the Department of Environmental Protection.)

STATE USE ONLY

DATE OF REGISTRATION  
     /      /     

2. FACILITY INFORMATION:

A. Name of Facility: Brockway-Smith Company

B. Street Address of Facility: 203 Read St.

C. Town/City where facility is located: Portland

D. Mailing address: Box 636

Portland Maine 04103

E. F. Telephone: 774-6201

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 checked="" 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 type="checkbox"/> Oil storage/Public Facility (state or local) |
|   | <input type="checkbox"/> Oil Storage/Federal Facility                 |

3. TANK OWNER:

- A. Name: Brockway -Smith Company  
(last) (first) (middle initial)
- B. Mail Address: 146 Dãscomb Rd.,
- C. Town/City: Andover D. State: MA
- E. Zip Code: 01810 F. Phone: 617-475-7100

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

- A. Name: Brockway-Smith Company  
(last) (first) (middle initial)
- B. Mail Address: Box 636
- C. Town/City: Portland, ME D. State: ME
- E. Zip Code: 04103 F. Phone: 774-6201

5. CONTACT PERSON:

- A. Name: Stu Bailey E. Phone: 774-6201

**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
- Ɔ = single wall fiberglass

**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 Ground-water
- 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:**

- B = 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 Tanks**

- 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 (3-gallon minimum)

<b>TANK 1:</b>	A. N	B. *	C. 10000	D. n/a	E. 29	F. 7 / 94	G. B	H. 1	I. 7	J. 3
<b>TANK 2:</b>	A. _____	B. _____	C. _____	D. _____	E. _____	F. _____ / _____	G. _____	H. _____	I. _____	J. _____
<b>TANK 3:</b>	A. _____	B. _____	C. _____	D. _____	E. _____	F. _____ / _____	G. _____	H. _____	I. _____	J. _____
<b>TANK 4:</b>	A. _____	B. _____	C. _____	D. _____	E. _____	F. _____ / _____	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.

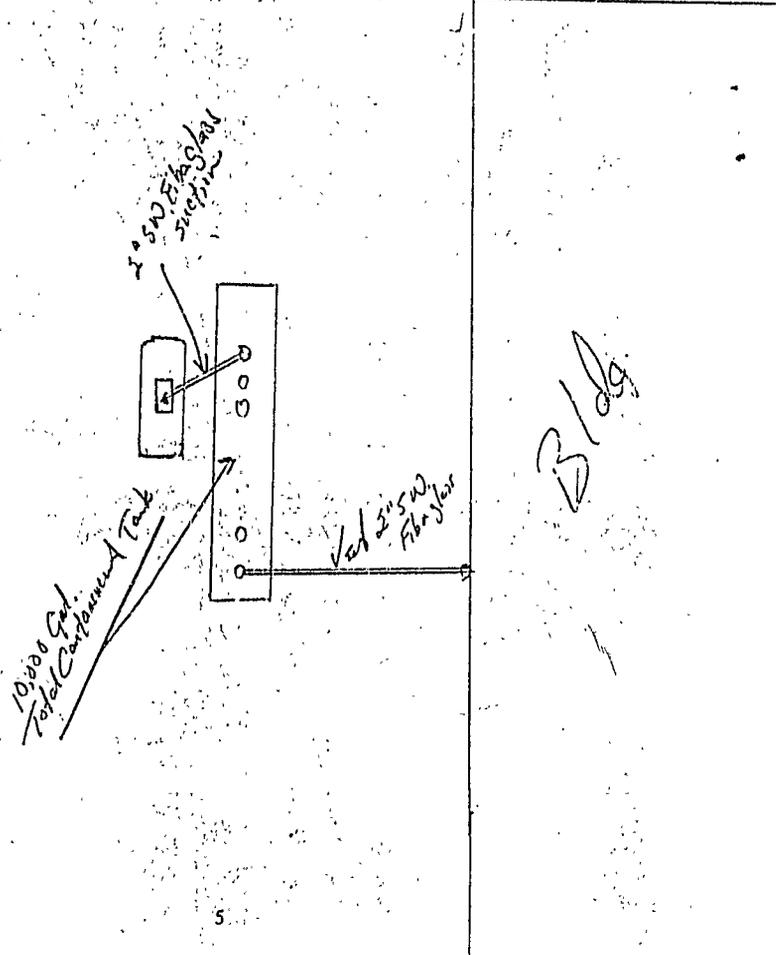
8. MAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control-State House Station #17, Augusta, Maine 04333). SEND ONE (1) COPY TO THE LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN THE THIRD COPY FOR YOUR RECORDS. 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: Gregory Pollard
- B. Installer ID Number: 114 Date to be Installed: 7/94
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: 6-16-94 Michael Lewis for Stu Bailey  
Owner or Authorized Title (Please print  
Employee of the Owner or type)

Signature:  Title project mgr.

12. If this registration involves the replacing or installing of tanks or piping, the following information must be attached:

- (a) A map, plotted on the most current 1:24,000 scale (7 1/2 minute) USGS topographical quadrangle, showing the location of the facility. If a 7 1/2 minute map is not available, a 1:62,500 scale (15 minute) map may be used.
- (b) Attach a DETAILED drawing of the facility showing the exact location of TANKS AND PIPING to be installed and any existing tanks. THE FORM OF ADDITIONAL PROTECTION FOR TANKS MUST BE DETAILED ON THE DRAWING! If new tanks are not installed as indicated on this drawing, the registration must be amended within 10 days!
- (c) Attach a copy of the tank manufacturer's warranty showing the expiration date for each tank being installed or replaced.





Licensed  
Manufacturers

REPRESENTATIVE  
HIGHLAND TANK & MANUFACTURING CO.  
A FULL SERVICE TANK COMPANY

22 West Elizabeth Road  
Murrysville, PA 15563-2410  
(717) 663-6877



H.T.C. #  
Murrysville, PA 15563-2410  
(717) 663-6877

## Warranty

Licensed manufacturers and Total Containment, Inc. warrant that our Jacketed Steel Underground Storage Tanks:

1. Will meet our published specification and will be free from material defects in materials and workmanship for a period of one (1) year following date of original delivery by us.
2. Will not fail for a period of thirty (30) years from the date of original purchase due to external corrosion provided the tank is used exclusively for gasoline, gasohol, ethanol, methanol, all fuel oils, kerosene, diesel fuel, motor oil at ambient underground temperatures or used for fuel oil not over 160°F.
3. Will not fail for a period of thirty (30) years from the date of original purchase due to structural failure (defined as breaking or collapse) provided the installation was performed to our published installation instructions and validated by a qualified installation contractor.

Our liability under this warranty shall be limited to, at our option: (a) repair of the defective tank; (b) replacement of a replacement tank to the point of original delivery; (c) refund the original purchase price. We shall not be liable for any labor, other installation costs, indirect or consequential damages, or other costs in connection with such tanks. THE FOREGOING CONSTITUTES OUR EXCLUSIVE OBLIGATION. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, OR ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE WHATSOEVER, EXCEPT AS STATED ABOVE.

TOTAL  
CONTAINMENT

Highland Tank & Manufacturing Co.  
Murrysville, PA 15563-2410  
(717) 663-6877

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**PROPERTY ADDRESS**

Town or Plantation: **Portland, Maine**

Street: **203 Reed Street**

**PROPERTY OWNERS NAME**

Last: **Breakway-Smith** First:

Applicant Name: **Scribner & Iverson, Inc.**

Mailing Address of Owner/Applicant (If Different): **54 Warren Ave., P.O. Box 3779  
Portland, Maine 04104**

PORTLAND 5506 TOWN COPY

Date Permit Issued: **8/28/95**

FEE: \$ **4**  If Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.L. # **C-124**

**Owner/Applicant Statement**

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

*[Signature]* 8/28/95  
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.

*[Signature]* 8-1-96  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY: _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <b>10151512</b>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Column 1
		Type of Fixture	Type of Fixture
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock	Bathtub (and Shower)
		Floor Drain	Shower (Separate)
		Urinal	Sink
		Drinking Fountain	Wash Basin
		Indirect Waste	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	Clothes Washer
<b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator	Dish Washer
		Dental Cuspidor	Garbage Disposal
		Bidet	Water Heater
Number of Hook-Ups & Relocations		Other: _____	
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
			Fixtures (Subtotal) Column 2
			Total Fixtures
			Fee
			Hook-Up & Relocation
			Permit Fee
			<b>\$ 4.00</b>

**SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE**