

PERMIT # 001744 CITY OF Portland BUILDING PERMIT APPLICATION MAP # LOT #

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

Owner: Ventrex Laboratories, Inc.
 Address: 217 Reed St., Portland, 04103
 LOCATION OF CONSTRUCTION 217 Reed Street
 CONTRACTOR: Consolidated Construction Contractors, 774-2626
 ADDRESS: PO Box #X 4599, DTS, Portland, 04112

Est Construction Cost: \$355,495 Type of Use: Laboratories
 Past Use: _____
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Interior Renovations, installing HVAC equipment
 COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE adding to the sprinkler
 Residential Buildings Only: _____ spaces, adding outside
 # Of Dwelling Units _____ # Of New Dwelling Units entry, adding four windows

Foundation:
 1. Type of Soil: _____ 2 sets of construction plans
 2. Set Backs - Front _____ Rear _____ Side(s) submitted.
 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. Joist 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 Size _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Post Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

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

For Official Use Only	
Date: <u>February 17, 1989</u>	Subdivision: <u>_____</u> Lot: <u>_____</u>
Inside Fire Limits: _____	Block: <u>_____</u>
City Code: _____	Form Expiration: _____
Time Limit: _____	Ownership: _____ Public _____ Private _____
Estimated Cost: <u>\$355,495</u>	Value: _____
Fee: <u>1,795.00</u>	

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size _____ Spacing _____ **PERMIT ISSUED**
 3. Type Ceiling: _____
 4. Insulation Type _____ Size _____
 5. Ceiling Height: _____ **MAR 10 1989**

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size **City Of Portland**
 3. Roof Covering Type _____
 4. Other _____

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

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

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

Zoning:
 District: _____ Street Frontage Req. _____ Provided _____
 Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shore and Floodplain Mgmt _____ Special Exception _____
 Other (Explain) _____
 Date Approved _____

Permit Received By Nancy Grossman
 Signature of Applicant [Signature] *agent for owner* Date 2-17-89
 Signature of CEO [Signature] Date _____
 Inspection Dates _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 31, 1989, 19
 Receipt and Permit number 00564

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: 217 Reed Street
 OWNER'S NAME: Ventrex Lab ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>23</u> Switches <u>15</u> Plugmold _____ ft. TOTAL <u>38</u>	5.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>102</u> (not strip) TOTAL _____	12.20
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
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 <u>4</u> _____	2.00
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: _____	19.20

INSPECTION: _____ or 72 hrs from this date
 Will be ready on May 31, 1989; or Will Call _____
CONTRACTOR'S NAME: Enstein Elec
ADDRESS: P.O. Box 346 Portland
TEL.: _____
MASTER LICENSE NO.: 211182 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

912713

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 110. Zone _____ Map # _____ Lot# _____

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

Owner: Santavy Lab. Inc Phone # 773-2321
 Address: 217 Road St. Portland ME 04103
 LOCATION OF CONSTRUCTION 217 Road St. - *Lead 5*
 Contract # Green Harbors Inc Sub: 700-4111
 Address: 17 Main St; 50 Portland, ME Phone # 01106

Est. Construction Cost: _____ Proposed Use: office/1st flr Zoning: _____
 Past Use: office/1st flr

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: Remove and 15,000 sq ft gasoline tank

For Official Use Only		PERMIT ISSUED
Date: <u>6-12-91</u>	Submittal # _____	
Inside Fire Limit: _____	Bldg Code: _____	CITY OF PORTLAND
Time Limit: _____	Estimated Cost: _____	
Ownership: _____		Public _____

Foundation

1. Soil: _____
2. Setbacks - 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 _____

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): Lead 5

Ceiling:

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

Roof:

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

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 F. Taber
 Signature of Applicant [Signature] Date 6-12-91
 Signature of GPCOG [Signature] Date 6-12-91
 Inspection By _____

19-C1-0

White-Tax Assessor

Yellow-GPCOG

White-Tag-CEO

Copyright GPCOG 1988

Rowe

PLOT PLAN



FEES (Breakdown From Front)

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

Type

Inspection Record

Date

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

4/24/91 OK RD

Signature of Applicant

Date

6-12-91

BUILDING PERMIT REPORT

DATE: 6-12-91

ADDRESS: 217 Reed St

REASON FOR PERMIT: Underground Tank Removal ~~Installation~~

over 15,000 gallon gasoline tanks

BUILDING OWNER: Venture Lab, Inc

CONTRACTOR: Clean Harbors, Inc

PERMIT APPLICANT: Matthew Quinn

APPROVED: [Signature] DENIED

CONDITION OF APPROVAL OR DENIAL:

- ✓ (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 391
- ✓ (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.

REP

Maine Departmental of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17, Augusta, Maine 04333
Telephone: 237-289-2651
Attn: Tank Removal Notice

RECEIVED

JUN 12 1991

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

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

Name of Facility Owner: Ventley - Lewis
Mailing Address: 217 BROAD ST Telephone No: 237-5511
City: PORTLAND State: ME Zip Code: 04103
Contact Person (name, address & telephone no): Same as above
Name of Facility: Same Registration No.: _____
Facility Location: Same

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

Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A. 1	0.5	15,000	(2) 15,000 gal tanks
B.			
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: Clark Tank & Oil, Inc. (607) 741-5111

Certified Tank Installer Certification Number & Name (if applicable): Frank Appleton - 30

Professional Firefighter Yes No (Affiliation: _____)

5. Expected date of removal: JUNE 12, 1991

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

Date: MAY 13, 1991 Signature of Tank Owner or Operator: Benedict Thomas

Printed Name and Title: Benedict Thomas - Admin. Asst.

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

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

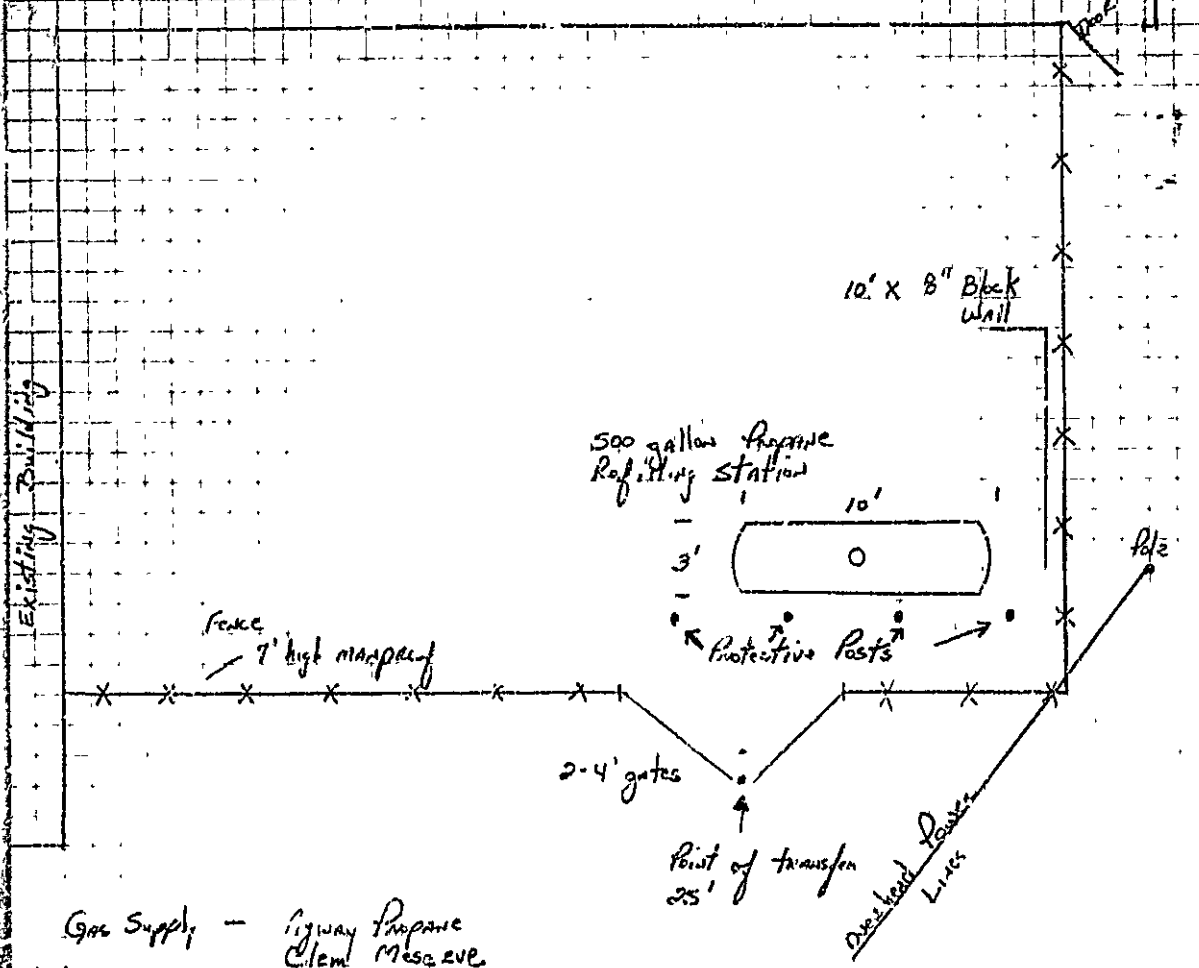
Location - American Cruise Company
Pearl Street
Portland, Me.

RECEIVED

MAR 23 1988

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

Existing Building



Gas Supply - Highway Propane
Clem. Mesa Ave.
786-4288
or
1-800-462-8703

930554

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$495 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany forms.

Owner: Hycor/Ventrex Phone # 773-7231
 Address: 217 Read St - Portland, ME 04103
 LOCATION OF CONSTRUCTION 217 Read St
 Contractor: Avery Se Ins. Sub. # 772-8687
 Address: 7 Thomas Dr - Westbrook Phone # ME 04092
 Est. Construction Cost: 95,000 Proposed Use: office/lab w chiller
 Past Use: office/lab
 # 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 elec. a/c - "chiller" - for lab XXXXXXXXX

PERMIT ISSUED

For Official Use Only

Date: 6/29/93 Subdivision: _____
 Inside Fire Limits: _____
 Bldg Code: _____
 Time Limit: _____
 Estimated Cost: 95,000

JUN 29 1993
 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 Exemption _____
 Other: W.D.H. - 6-29-93

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 Fixtures _____
 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 Arnold E. Avery Date 6-29-93
 Signature of CEO _____ Date _____
 Inspection Dates _____
 White Tag - CEO 67 Copyright © 1988

White-Tax Assessor Yellow-GPCOG



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 7/1/93
 Receipt and Permit number 3014

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: 217 Read St
 OWNER'S NAME: Ventlex ADDRESS: _____

FEES

OUTLETS: Receptacles _____ Switches _____ Plug-nold _____ ft. TOTAL _____

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (nct strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) _____

MOTORS: (number of) Fractional _____
 1 HP or over _____

RESIDENTIAL HEATING: Oil or Gas (number of units) _____
 Electric (number of rooms) _____

COMMERCIAL OR INDUSTRIAL HEATING: Oil or Gas (by a main boiler) _____
 Oil or Gas (by separate units) _____
 Electric Under 20 kws _____ Over 20 kws _____

APPLIANCES: (number of) Ranges _____ Water Heaters _____
 Cook Tops _____ Disposals _____
 Wall Ovens _____ Dishwashers _____
 Dryers _____ Compactors _____
 Fans _____ Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____
 Transformers _____
 Air Cond'ioners Central Unit 1 - 300 amp. 480 v. circuit _____ 10.00
 Separate Unit's (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) 50 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alteration 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: 15.00
 minimum fee

INSPECTION: Will be ready on now, 1993; or Will Call _____
 CONTRACTOR'S NAME: Seabee Elect
 ADDRESS: 200 Anderson St- Ptd
 TEL.: 774-4880
 MASTER LICENSE NO. Wm Gagnon #3014 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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

940062

FILL IN AND SIGN WITH INK



APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

JAN 20 1991

Portland, Maine, 1/26/91

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 217 Read St Use of Building office/lab No. Stories New Building Existing bldg
Name and address of owner of appliance Hycor CO 67272 Chapman Ave- Garden Grove, CA 91841
Installer's name and address Avery Services, Inc 772-8687 7 Thomas Dr Westbrook, ME 04092
General Description of Work addition heating system steam boiler

IF HEATER, OR POWER BOILER
Location of appliance basement boiler room Any burnable material in floor surface or beneath?
If so, how protected? Kind of fuel? gas
Minimum distance to burnable material, from top of appliance or casing top of furnace 3 ft
From top of smoke pipe 3 ft From front of appliance 3 ft From sides or back of appliance 3 ft
Size of chimney flue 10 inch Other connections to same flue none
If gas fired, how vented? power vent Rated maximum demand per hour 1.8 mbh
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER
Name and type of burner Labelled by underwriters' laboratories?
Will operator be always in attendance? Does oil supply line feed from top or bottom of tank?
Type of floor beneath burner Size of vent pipe
Location of oil storage Number and capacity of tanks
Low water shut off Make No
Will all tanks be more than five feet from any flame? How many tanks enclosed?
Total capacity of any existing storage tanks for furnace burners

IF COOKING APPLIANCE
Location of appliance Any burnable material in floor surface or beneath?
If so, how protected? Height of Legs, if any
Skirted at bottom of appliance? Distance to combustible material from top of appliance?
From front of appliance From sides and back From top of smokepipe
Size of chimney flue Other connections to same flue
Is hood to be provided? If so, how vented? Forced or gravity?
If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

cost of work: 69,000 William Jackson master oil burner, MS30002947

Amount of fee enclosed? \$365.90

APPROVED:

Handwritten signature of inspector

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

CS 307

INSPECTION FILE APPLICANT'S COPY ASSESSOR'S COPY

Handwritten signature: Mr. Rowe

Handwritten signature of installer: William Jackson

Handwritten initials: P.R.S.

930554

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$495 Zone _____ Map # _____ Lot# _____

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

Owner: Hycor Ventrex Phone # 773-7231
 Address: 217 Read St- Ptld, ME 04103
 LOCATION OF CONSTRUCTION 217 Read St
 Contractor: Avery Services Inc Sub: 772-8697
 Address: 7 Thomas Dr- Westbrook Phone # ME 04092
 Est. Construction Cost: 95,000 Proposed Use: office/lab w chill
 Past Use: office/lab
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion erect a/c - chiller - for lab processing

PERMIT ISSUED
 For Official Use Only
 Date: 6/29/93 Subdivision: _____
 Inside Fire Limits _____ Name: JUN 29 1993
 Bldg. Code _____
 Time Limit _____
 Estimated Cost: 95,000 City of Portland
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception _____
 Other (Explain) W.D.H. 6-29-93

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 Material: _____
11. Metal Material: _____

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 _____

Plum:

- Approval of soil test if required Yes _____ No _____
 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: _____ Square Footage _____
3. Must conform to National Electrical Code and State Law

Permit Received By:

Lowell Chase

Signature of Applicant:

Arnold B. Avery Date 6-29-93

Signature of CFO:

_____ Date _____

Inspection Dates:

930554

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$495 Zone Map Lot#
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Hycor/Ventrex Phone # 773-7231
 Address: 217 Read St- Ptd, NE 04103
 LOCATION OF CONSTRUCTION 217 Read St
 Contractor: Avery Services Inc. Sub: 772-8687
 Address: 7 Thomas Dr- Westbrook Phone # NE 04092
 Est. Construction Cost: 95,000 Proposed Use: office/lab w chill
 # 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 rect a/c - chiller - for lab

For Official Use Only		PERMIT ISSUED	
Date: <u>6/29/93</u>	Subdivision: <u> </u>	Name: <u>JUN 29 1993</u>	Lot: <u> </u>
Inside Fire Limits: <u> </u>	Blag Code: <u> </u>	Time Limit: <u> </u>	Estimated Cost: <u>95,000</u>
Zoning: <u> </u>		CITY OF PORTLAND	

Foundation: processing
 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

Review Required:
 Street Frontage Provided:
 Provided Setbacks: Front Back Side Side
 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) WDH - 6-29-93

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 Spdn
 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 F. Chase

Signature of Applicant Arnold B. Avery Date 6-29-93

Signature of CEO Arnold B. Avery Date

Inspection Dates

CR-98-3

White-Tax Assessor

Yellow-GPCOG

White Tag-CEG

Copyright GPCOG 1988

PLOT PLAN

N
↑
A

FEES (Breakdown From Front)

Base Fee \$ 495-
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Inspection Record

Type	Date
<u>OK AP</u>	<u>5-30-94</u>
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS

Signature of Applicant

[Signature]

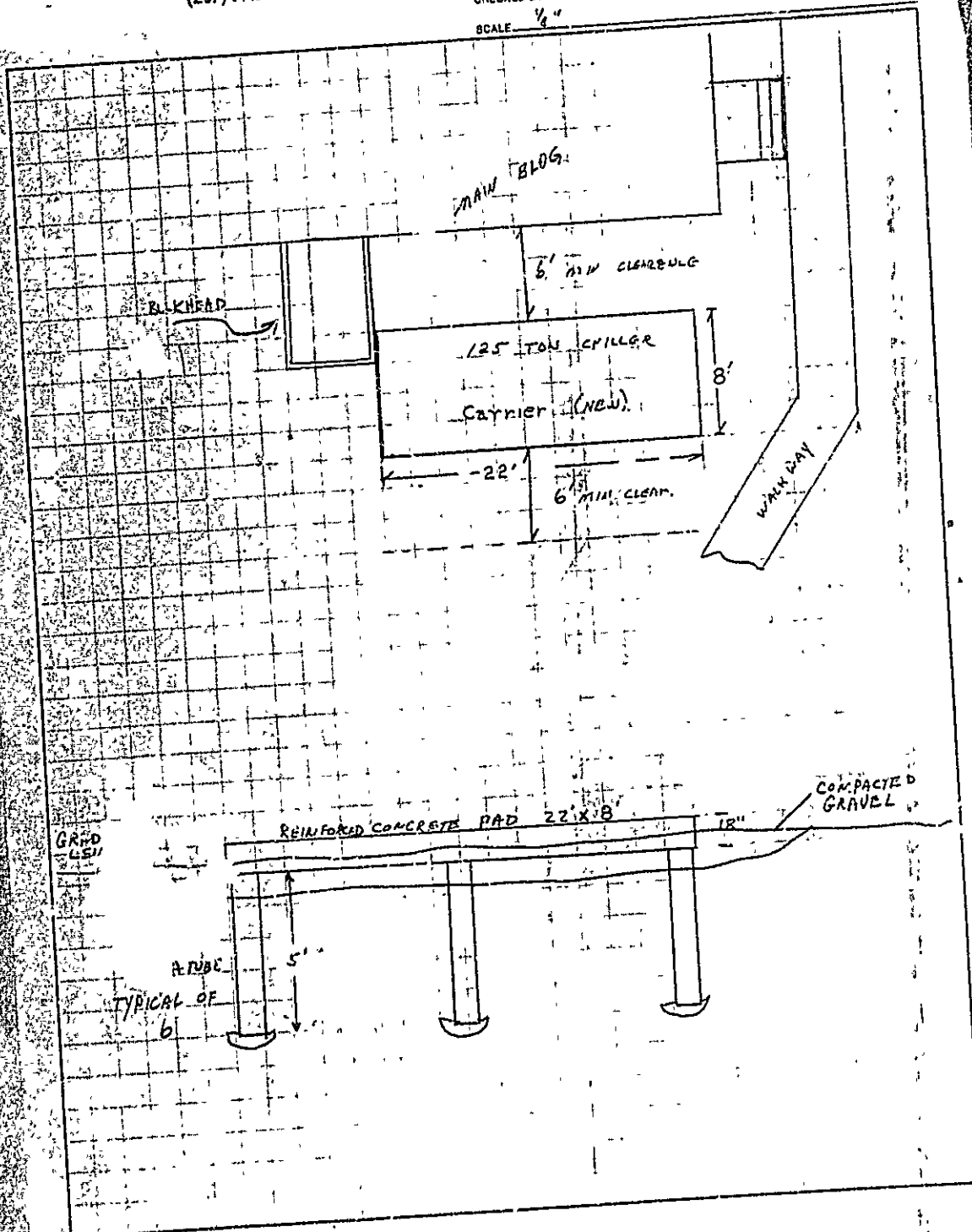
PREP

Date

6-29-93

AVERY SERVICES INC.
Colonel Westbrook Executive Park
7 Thomas Drive
WESTBROOK, MAINE 04092
(207) 772-8687

JOB: VENTREX DIV "CHILLER" PORTLAND ME
SHEET NO. 1 OF 1
CALCULATED BY _____ DATE 6-24-93
CHECKED BY A. AVERY DATE _____
SCALE 1/4"



MIF 1

THIS IS NOT A BOUNDARY SURVEY

MORTGAGE LOAN INSPECTION PLAN

No. 7-7-15

TO THE LENDING INSTITUTION AND ITS TITLE INSURER I hereby certify that the location of the dwelling shown on this plan did not conform with the local zoning laws in effect at the time of construction. The property does not fall within a special flood hazard zone.

110 REGAN LANE
PORTLAND

BOOK 7919 PAGE 235 COUNTY CUMBERLAND

BUYER DANNY W. AND ERIKA ANN HOLMQUIST
SELLER REBECCA AL GARI AND

PLAN BOOK 107 PAGE 2 LCT 57

DWELLING IS A ONE AND A HALF STORY
WOOD FRAME ON A CONCRETE FOUNDATION WITH
UNDERGROUND UTILITIES

REGAN

LANE

OK WDH
14-425 (3-21-94)

NO VARIANCE ON MICROFICHE

R-3 ZONE

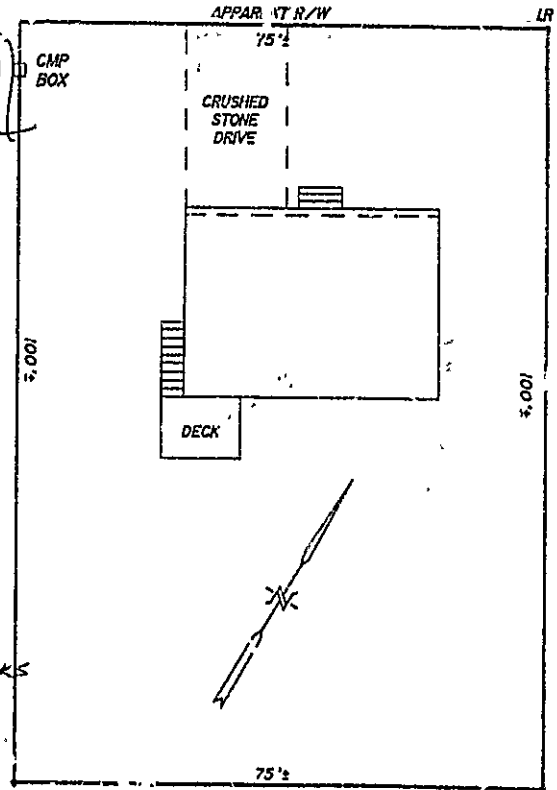
SHOULD HAVE 25' FRONT SETBACK
IT HAS 22' TO FRONT

IT'S A SPLIT LEVEL AND
2ND LEVEL IS 24' FROM THE
RIGHT OF WAY

DOES IT FAIL TO MEET SETBACKS

ALAN @ 197-7199

THIS IS NOT A BOUNDARY SURVEY. This plan is based strictly on information provided by others and does not take into consideration any conflicts which obtaining descriptions may contain. This plan was not made from an instrument survey. The certifications are for mortgage purposes only. This plan applies only to conditions existing as of the date shown hereon. This plan is not for recording.



Date 3/18/04 Scale 1" = 20'

TITCOMB ASSOCIATES, INC. Falmouth, Maine

Drawn By AL



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date October 1, 1991
Receipt and Permit number 0181

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: 113 Read St
OWNER'S NAME: Wick Knapp
ADDRESS: 113 Read St

OUTLETS:	RECEIPTS:	FIXTURES:	SERVICES:	MOTORS:	RESIDENTIAL HEATING:	COMMERCIAL OR INDUSTRIAL HEATING:	APPLIANCES:	MISCELLANEOUS:
Receptacles _____	Receptacles _____	Incandescent _____	Overhead _____	Electric (number of units) _____	Oil or Gas (number of units) _____	Electric (number of rooms) _____	Electric Under 20 kva _____	Branch Panels _____
Switches _____	Fluorescent _____	Strip Fluorescent _____	Underground _____	Oil or Gas (by a main boiler) _____	Oil or Gas (by separate units) _____	Electric Under 20 kva Over 20 kva _____	Over 20 sq. ft. and under _____	Transformers _____
Plugmolds _____	(not strip) TOTAL _____	_____	Temporary _____	_____	_____	_____	_____	Air Conditioner, Central Unit _____
_____	_____	_____	_____	_____	_____	_____	_____	Separate Units (windows) _____
_____	_____	_____	_____	_____	_____	_____	_____	Swimming Pools Above Ground _____
_____	_____	_____	_____	_____	_____	_____	_____	In Ground _____
_____	_____	_____	_____	_____	_____	_____	_____	Fire/Burglar Alarms Residential _____
_____	_____	_____	_____	_____	_____	_____	_____	Commercial _____
_____	_____	_____	_____	_____	_____	_____	_____	Heavy Duty Outlets, 250 Vol. (such as welders) 30 amps and under _____
_____	_____	_____	_____	_____	_____	_____	_____	over 30 amps _____
_____	_____	_____	_____	_____	_____	_____	_____	Circuit Breakers, etc. _____
_____	_____	_____	_____	_____	_____	_____	_____	Alterations to wires _____
_____	_____	_____	_____	_____	_____	_____	_____	Repairs after fire _____
_____	_____	_____	_____	_____	_____	_____	_____	Emergency lights, battery _____
_____	_____	_____	_____	_____	_____	_____	_____	Emergency Generators _____

FOR REMOVAL OF A "STOP ORDER" (304-16b) _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 INSTALLATION FEE DUE: _____
 TOTAL AMOUNT DUE: 12.80

INSPECTION: Will be ready on 10-7 9:15:00, 19 91; or Will Call _____
 CONTRACTOR'S NAME: Black Electric
 ADDRESS: 252 Allen Ave
 TEL: 737-0882

MASTER LICENSE NO.: 10181
 LIMITED LICENSE NO.: _____
 SIGNATURE OF CONTRACTOR: _____

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: 115 Read St	Owner: Kari Soiney	Phone: 879-7196	Permit No: 950643
Owner Address: 5th Bldg, ME 04102	Lease/Buyer's Name:	Business Name:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED JUN 26 1995 CITY OF PORTLAND </div>
Contractor Name: Jay Feehey	Address:	Phone:	
Past Use: 1-Fam w/Home Occ Message Therapist	Proposed Use: Same w/dormer	COST OF WORK: \$XXXX 3,500.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: A3 Type 5 B 200693 Signature: <i>[Signature]</i>	PERMIT FEE: \$ 40.00 Signature: <i>[Signature]</i>
Proposed Project Description: Construct Dormer as per plans	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zone: CBL: 141-H-011-10 R-5 Zoning Approval: <i>[Signature]</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>[Signature]</i> <input type="checkbox"/> Wetland <i>[Signature]</i> <input type="checkbox"/> Flood Zone <i>[Signature]</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

Permit Taken By: Mary Gresik Date Applied For: 21 June 1995

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

PERMIT ISSUED WITH REQUIREMENTS

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

SIGNATURE OF APPLICANT: *[Signature]* Kari Soiney ADDRESS: _____ DATE: 21 June 1995 PHONE: _____

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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Historic District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: 6/22/95
[Signature]

CEO DISTRICT 5

[Signature]