

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-3703, FAX: 874-8716

Location of Construction: 119 Brighton Ave.		Owner: Herc Hospital	Phone: 274-3550	Permit # 050311
Owner Address: 119 Brighton Ave. Portland, ME 04101	Leasee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED Permit Issued: APR 10 1995
Contractor Name: LARRY DAVIS	Address:	Phone:		
Past Use: Medical office bldg	Proposed Use: Medical office bldg	COST OF WORK: \$ 10,000	PERMIT FEE: \$ 500	CITY OF PORTLAND Zone: E-3 CBL: --- Zoning Approval: OK 4/10/95 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"/> min <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Interior renovations - 2nd flr 15-07 dumpster port: 2001 - 31		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Permit Taken By: Chase		Date Applied For: 3/31/95	Signature: <i>[Signature]</i> Date: <i>[Date]</i>	

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.

MAIL PERMIT: Theriault/Lindeman 15500
170 U S Rte 01 - Falmouth, ME 04105
ATTA: DAVID HANDEMAN
751-3214

PERMIT ISSUED
MAILING LETTER

CERTIFICATION

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

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: *[Address]* DATE: *[Date]* PHONE: *[Phone]*

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

CEO DISTRICT: **6**

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

COMMENTS

Handwritten notes in the comments section:

Completed
7/12/96
a p

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

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 7, 1995

RE: 619 Brighton Avenue

Mercy Hospital
144 State St.
Portland, ME 04101

Dear Sirs

Your application to make interior renovations on the second floor as per plans has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not excuse the applicant from meeting applicable State and Federal laws.

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

1. The sprinkler system shall be maintained to NFPA 13 standards.
2. Means of egress shall have signs with back-up.
3. The fire alarm system shall be maintained to NFPA 72 standards.

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

Sincerely,

A handwritten signature in cursive script that reads "Marge Schmuckal".

Marge Schmuckal
Asst. Chief of Inspection Services

/el

cc: LT. Gaylen McDougall, Fire Prevention Officer

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

Location of Construction: 222 619 Brighton Ave		Owner: Mercy Hospital	Phone:	Permit No: 950859
Owner Address:	Leasee/Buyer's Name:	Phone:	Business Name:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: AUG 16 1995 CITY OF PORTLAND </div>
Contractor Name: Barlo Signs	Address: 92 Industrial Park Rd	Phone: Saco, ME 04072 282-2400		
Past Use: Prof Office	Proposed Use: Same	COST OF WORK: \$	PERMIT FEE: \$ 35.45	
Proposed Project Description: Erect Signage UL# E92151		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Permit Taken By: Mary Gresik		Date Applied For: 14 August 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.

Zone: **CE-1** **184-a-001**
 Zoning Approval: *OK with conditions - Erection of signs*
 Special Zone or Reviews:
 Shoreland **300' No**
 Wetland **Sign higher**
 Flood Zone **than 8'**
 Subdivision **than 8'**
 Site Plan major minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

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

Action:
 Approved
 Approved with Conditions
 Denied

Date: **8/15/95**
[Signature]

PERMIT ISSUED
 WITH NUMBER

CERTIFICATION

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

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: DATE: **14 August 1995** PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: PHONE:

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

CEO DISTRICT **6**
A. Roul

COMMENTS

3/18/96
OK Above
A

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

Inspection Services
P. Samuel Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

16 August 1995

Barlo Signs
92 Industrial Park Road
Saco, ME 04072

RE: 619 Brighton Avenue

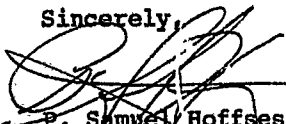
Dear Sir,

Your application to erect signage (UL# E92151), has been reviewed and a permit is herewith issued subject to the following requirements. This permit does not excuse the applicant from meeting applicable State and Federal laws.

1. The Brighton Avenue sign will be no more than 30 square feet in area.
2. Neither sign will be more than 8 feet in height.
3. All signs will be designed and constructed to withstand wind pressure as provided for in Sections 1611.4.1 and 1611.8 of the City's Building Code.

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

Sincerely,


P. Samuel Hoffses
Chief, Inspection Services

cc: M. Schmuckal, ACoFI

SIGNAGE APPLICATION

ADDRESS: 619 Brighton Ave
 OWNER: Mercy Hospital ~~Eastern Hospital~~ ^{NO} ~~HOSPITAL~~ ⁷
 APPLICANT: Barla sign RP ~~RP~~
 ASSESSORS NO.: _____

SINGLE TENANT LOT? YES: _____ NO: _____

MULTI-TENANT LOT? YES: / NO: _____

FREESTANDING SIGN? YES: / NO: _____

MORE THAN ONE SIGN? _____

BLDG. WALL SIGN? YES: _____ NO: /

MORE THAN ONE SIGN? _____

DIMENSIONS: 4x5 = 20

DIMENSIONS: 5x8

DIMENSIONS: 2x10 = 30

DIMENSIONS: _____

DIMENSIONS: _____

LIST ALL EXISTING SIGNAGE, INCLUDING THEIR DIMENSIONS: 4' x 10' 20

BC removed

LOT FRONTAGE (IN FEET): 203'

BLDG FRONTAGE (IN FEET): 74'

AWNING? YES: _____ NO: / IS AWNING BACKLIT? YES: _____ NO: _____

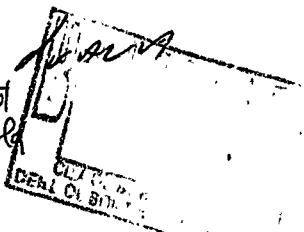
HEIGHT OF AWNING: _____

IS THERE ANY COMM. MESSAGE, TRADEMARK, OR SYMBOL ON IT? _____

PLEASE PROVIDE A SITE SKETCH AND A BUILDING SKETCH, SHOWING EXACTLY WHERE EXISTING AND NEW SIGNAGE IS LOCATED.

WE WILL NEED SKETCHES AND/OR PICTURES OF THE PROPOSED SIGNS INCLUDING STRUCTURAL COMPONENTS.

30th MAX AREA - (per street if not concurrently visible)
 height - 8'
 setback 5'



H: SIGNLIST

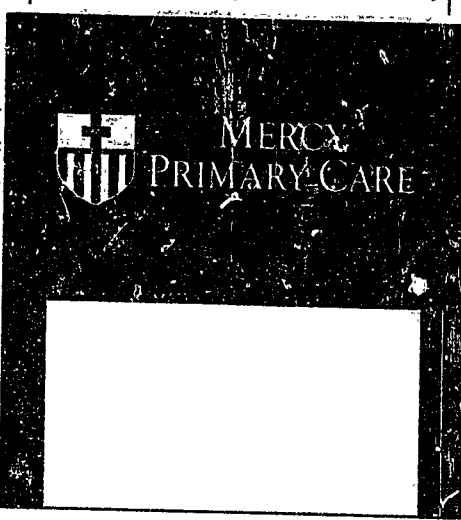
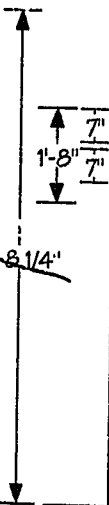
W.O. N^o 2300



FULL ROUND RADIUS
POLE COVER.

DOWN VIEW

*PAID BL
9/16/95
of Sum - W*



Underwriters Laboratories Inc.®

SIGN SPECIFICATIONS		ILLUMINATED NON-ILLUMINATED		LOCATION			DATE	
CABINET TYPE	S/F D/F	HEIGHT	LENGTH	WIDTH	RADIUS	MATERIAL	COLOR BRONZE	
CROWN	RET. COLOR	HANGING BAR	DIVIDER BAR	COLOR	LAMPS	BALLAST		
FACE 1	MATERIAL	COLOR	COPY	COLOR	MYLAR	COLOR	SEAMS	
SMOOTH 3/16" LEXAN								
FACE 2	MATERIAL	COLOR	COPY	COLOR	ROWS TRACK	SIZE	C ^o OR WAGNER ZIP	
SMOOTH 3/16" LEXAN								
BUILDING TYPE	ELECTRICAL LOC.		MOUNTING			LOAD		
POLE COVER	FACE	SIDES	HT. TO GRADE	MATERIAL	COLOR	SERVICING		
CUT SIZE	TOUCH-UP		FACE MATERIAL MFR.			LETTER MATERIAL MFR.		
DRAIN HOLES	STICKER							

BARLO SIGNS/SCRENGRAPHICS
Electrical Sign Advertising • Screen Printing

158 Greeley St., Hudson, NH 03051

• (603) 882-2638 FAX (603) 882-7680

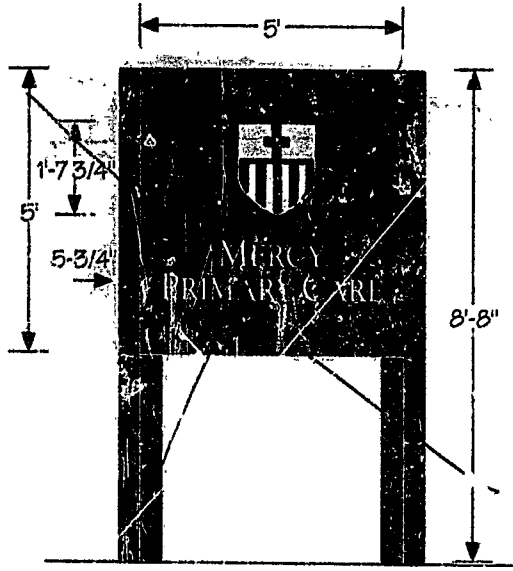
DESIGNED FOR:

MERCY HOSPITAL

LOCATION:

PORTLAND, ME

Uloid



G. & INST. ONE (1) 5' X 8' D/F ILLUMINATED SIGN
 ONE (1) 5' X 5' D/F ILLUMINATED SIGN

TEXT & COMPUTER SPECS.		
TYPEFACE		
FILE NAME		
PROGRAM		
NO	DATE	REVISIONS
1		
2		
3		
4		
5		
6		
DATE: <i>8/3/95</i>		
SCALE: <i>3/8" = 1'-0"</i>		
DRAWN BY: <i>D. REED</i>		
CHECKED BY:		
SALES REP: <i>EB</i>		
DRAWING NUMBER:		
<i>B-95-07-25</i>		
SHEET <i>2</i> OF <i>2</i>		



DRAWN'S SPECIFICATIONS ACCEPTED BY:

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912321

Permit # 912321 City of Portland BUILDING PERMIT APPLICATION Fee \$540. Zone _____ Map # _____ Lot# _____

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

Owner: Dr. Richard M. Levesque Phone # 774-1171
 Address: 619 Brighton Ave; Ptld, ME 04103
 LOCATION OF CONSTRUCTION 619 Brighton Ave.
 Contractor: Murray Const. Co Sub: 799-8136
 Address: Box 2530; So Ptld, ME Phone # 04106
 Est. Construction Cost: 104,000. Proposed Use: doctor's office (w)
 Past Use: SAME
 # 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 Interior Renovations - 1st fl

For Official Use Only

Date 2/5/91 Subdivision: _____ Name FEB 11 1991
 Inside Fire Limits _____ Lot _____
 Bldg Code _____ Ownership: City of Portland
 Time Limit _____ Estimated Cost: 104,000
 Zoning: R-P
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) OK WDA 2-8-91

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

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

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 Thomas Hebert AGENT FOR OWNER Date 2-5-91
 Signature of Thomas Hebert Date 2-5-91
 Inspection Dates _____

PERMIT ISSUED
WITH LETTER



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date Nov. 6, 1990
 Receipt and Permit number 01719

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: 619 Brighton Ave. - Dr. Herzog Tenant
 OWNER'S NAME: Brighton Medical Center ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugboard _____ ft. TOTAL <u>62</u>	<u>12.40</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL	
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes	<u>1.00</u>
METERS: (number of) <u>1</u>	
MOTORS: (number of)	
Fractional	
1 HP or over	
RESIDENTIAL HEATING:	
Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler)	
Oil or Gas (by separate units)	
Electric Under 20 kws _____ Over 20 kws	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panels	
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	<u>2.00</u>
over 30 amps <u>1</u>	
Circus, Fairs, etc.	
Alterations to wires	
Repairs after fire	<u>1.00</u>
Emergency Lights, battery <u>1</u>	
Emergency Generators	
INSTALLATION FEE DUE:	
DOUBLE FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	<u>75.30</u>
	<u>16.40</u>

INSPECTOR'S JN: _____
 Will be ready on _____, 19__; or Will Call X
 CONTRACTOR'S NAME: Mancini Elec.
 ADDRESS: 179 Sheridan St., Portland, ME 04101
 TEL: 774-5829
 MASTER LICENSE NO.: MS60014056 SIGNATURE OF CONTRACTOR: Guo Mancini
 LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date Feb. 21, 1981
 Receipt and Permit number 01912

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: 019 Brighton Avenue - 1st. Floor
 OWNER'S NAME: Mr. Levesque ADDRESS: same

	FEES
OUTLETS:	
Receptacles <input checked="" type="checkbox"/> Switches <input checked="" type="checkbox"/> Plugmold _____ ft. TOTAL 28	5.60
FIXTURES: (number of)	
Incandescent _____ Fluorescent <input checked="" type="checkbox"/> (not strip) TOTAL 41	8.20
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground <input checked="" type="checkbox"/> Temporary _____ TOTAL amperes 600 ..	15.00
METERS: (number of) 2	2.00
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 _____	4.00
Transformers _____	
Air Conditioners Central Unit 1	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 <input checked="" type="checkbox"/>	15.00
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under 1	2.00
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators 1	20.00

FOR ADDITIONAL WORK NOT COVERED BY ORIGINAL PERMIT	INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE:
	TOTAL AMOUNT DUE:
	81.80
	Credit due from permit
	-17.00
	477 Congress St., 5th Fl.
	64.80

INSPECTION:

Will be ready on _____, 19____; or Will Call

CONTRACTOR'S NAME: Mancini Electric
 ADDRESS: 179 Sheridan St., Portland, ME 04101
 TEL.: 774-5829
 MASTER LICENSE NO.: MS60014056 SIGNATURE OF CONTRACTOR: [Signature]
 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: 619 Brighton Ave.		Owner: Mercy Hospital		Phone: 879-3000		Permit 950311	
Owner Address: 144 State St- Ptld, ME 04101		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Larry Davis		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED APR 10 1995 CITY OF PORTLAND </div>	
Past Use: medical office bldg		Proposed Use: medical office bldg - w intr renovtms		COST OF WORK: \$ 3000		PERMIT FEE: \$ \$35	
Proposed Project Description: Interior renovations - 2nd flr		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:		Zoning: R-3 CBL: SP-4A Zoning Approval: OK S 4/10/95 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"/>	
one 15-cy dumpster prmt: #00102 - \$150		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: <i>Mary</i>		Signature: _____	
Permit Taken By: L Chase		Date Applied For: 3/31/95		Signature: _____		Date: _____	

- 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..

MAIL PERMIT: Theriault/Landmann Assoc
170 US Rte #1 - Falmouth, ME 04105

ATTN: DAVID LANDMANN

781-3214

**PERMIT ISSUED
WITH LETTER**

CERTIFICATION

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

SIGNATURE OF APPLICANT: *David Landmann* ADDRESS: *ACORN FOR COUNCIL* DATE: *3/31/95* PHONE: _____

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

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

CEO DISTRICT **6**

A. Rowe

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 619 Bighton Ave.

PROPERTY OWNERS NAME

LEVESQUE & HART DO. P.A.

Last: _____ First: _____

Applicant Name: Ralph F Blake

Mailing Address of Owner/Applicant (if Different): 577 Auburn St Portland, Me 04103

PORTLAND 4138 TOWN COPY

Date: 10/17/93 FEE 4.84 Credit Fee Charged

Samuel Blaine L.P.I. # 0124

Local Plumbing Inspector Signature
Chief Plumbing Inspector

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.

Ralph F Blake Signature of Owner/Applicant 3/1/94 Date

Caution: Inspection Required

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

PSH Local Plumbing Inspector Signature 4-29-93 Date Approved

Filed w/o Inspection

PERMIT INFORMATION

This Application is for:

1. NEW PLUMBING

2. RELOCATED PLUMBING

Type Of Structure To Be Served:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER - SPECIFY Doctors office
Re Mobile

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 # 011810

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<p>OR</p> <p>HOOK-UP to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION of sanitary lines, drains, and piping without fixtures.</p>		Hosebibb / Sillcock	0	Bathtub (and Shower)
	2	Floor Drain	1	Shower (Separate)
		Urinal	8	Sink
	1	Drinking Fountain	3	Wash Basin
	2	Indirect Waste	3	Water Closet (Toilet)
	1	Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspldor		Garbage Disposal
		Bidet		Laundry Tub
		Other:		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		14	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee	5	Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
		Total Fixtures	19	
		Fixtures Fee	48	
		Hook-Up & Relocation Fee	5	
		Permit Fee (Total)	48	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

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

Location of Construction: 619 Brighton Ave		Owner: Mercy Hospital		Phone:		Permit No: 060952	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name: "Generations"	
Contractor Name: Allied Constructi		Address: P.O. Box 13-6 Portland, ME 04104		Phone: 772-2888		PERMIT ISSUED ESTIMATE ISSUED SEP 27 1996 CITY OF PORTLAND Zone: R-P CBL: 184-A-001 Zoning Approval: <i>ok</i> <i>ms</i> <i>9/25/96</i> Special Zone or Review: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mit	
Past Use: Med Office		Proposed Use: Same		COST OF WORK: \$ 800,000.00			
Proposed Project Description: Construct Addition				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>with conditions</i> Type: <i>MS</i>	
				Signature: <i>MS</i>		Signature: <i>ms</i> <i>9/25/96</i>	
Permit Taken By: <i>MS</i> Mary Gresik				Date Applied For: 30 August 1996			
				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			

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

- Zoning Appeal**
- Variance
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved
 - Denied
- Historic Preservation**
- Not in District or Landmark
 - Does Not Require Review
 - Requires Review

Permit issued with letter of conditions

3-30 YC 30-3181/14999
 30-3182/15000
 30-3183/15001
 RC-0129/15002

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

DR
 SIGNATURE OF APPLICANT Dennis Landry ADDRESS: _____ DATE: 25 September 1996 - Permit Routed
 PHONE: _____
 DATE: 30 August 1996

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

Action:
 Approved
 Approved with Conditions
 Denied
 Date: 9/25/96
D. Andrews

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

CEO DISTRICT 4
Powers

ELECTRICAL INSTALLATIONS —

Permit Number 1182

Location 619 Brighthead

Owner Metcal Hospital

Date of Permit 8-8-95

Final Inspection

By Inspector Sue R. [Signature]

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 8-8-95 by 813

PROGRESS INSPECTIONS: _____ / _____ / _____

DATE:

REMARKS:

8-8-95

See Letter on File. —

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

Location of Construction: XXX 619 Brighton Ave		Owner: Mercy Hospital	Phone:	Permit No: 350859
Owner Address:	Leasee/Buyer's Name:	Phone:	Business Name:	PERMIT ISSUED AUG 16 1995 CITY OF PORTLAND
Contractor Name: Barlo Signs	Address: 92 Industrial Park Rd Saco, ME 04072 282-24()	Phone:		
Past Use: Prof Office	Proposed Use: Same	COST OF WORK: \$	PERMIT FEE: \$ 35.40	Zoning: 184-A-001 Zoning Approval: ok with conditions from Brighton Ave Special Zone or Reviews: <input type="checkbox"/> Shoreland 303 & No <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone sign higher <input type="checkbox"/> Subdivision than <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Proposed Project Description: Erect Signage UL# E92151		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:	INSPECTION: Use Group: Type: Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:		
Permit Taken By: Mary Gresik	Date Applied For: 14 August 1995			

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 LETTER

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

<i>Edward M. Blumenthal</i> SIGNATURE OF APPLICANT Ed Blumenthal	14 August 1995 DATE:	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: **8/17/95**

[Signature]

GEO DISTRICT **6**

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

A. Koul

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 942

AUG 2 1984

ZONING LOCATION ... PORTLAND, MAINE ... June 21, 1984

CITY OF PORTLAND

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

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

- LOCATION ... 619 Brighton Avenue ... Fire District #1 [], #2 []
1. Owner's name and address Dr. Richard Levesque ... Telephone ... 797-5866
2. Lessee's name and address ... Telephone ...
3. Contractor's name and address Maine State Bldrs. Inc. ... Telephone ... 773-5504

Proposed use of building ... medical professional bldg. ... No. of sheets ...

Material ... No. stories ... Heat ... Style of roof ... Roofing ...

Other buildings on same lot ...

Estimated contractual cost \$... 610,855

FIELD INSPECTOR - Mr. Carroll @ 775-5451

Appeal Fees \$
Base Fee \$ 300.00
Late Fee \$ 3,065.00
TOTAL \$

Major Site Plan Review

To construct 74' x 86' with 9' x 20' stairwell as per plans. 9 sheets of plans. Building to be used for medical professional bldg.

Stamp of Special Conditions
PERMIT ISSUED WITH LETTER

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

DETAILS OF NEW WORK

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

IF A GARAGE

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

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

Signature of Applicant William Skoolicas Phone # ... same
Type Name of above William Skoolicas for 1 [] 2 [] 3 [] 4 []
Maine State Bldrs.
and Address

FIELD INSPECTOR'S COPY

PERMIT ISSUED WITH LETTER
APPLICANT'S COPY OFFICE FILE COPY

Handwritten signature: [] MR. CARROLL

NOTES

8/27/84
 1/2 piling driven
 for piling lagoon
 site; placing a larger
 footing - 1 1/2' x 4"
 footing on top of
 3' x 2' stack
 reading the footing OK'd
 to place footing per CO requirements
 foundation:

Permit: 84/912
 Location: 619/3140th Ave
 Owner: Michael Brennan
 Date of permit: 6-21-84
 Approved: 8-3-84
 Dwelling
 Garage
 Attention: Medical Office

4' x 20' x 20' ref station front is considered
 just as per plan - 18

18 Rd 9/6/84 Foundation placed -
 back filling:

9/10/84 Hoopers insp; Increased footing size;

9/11/84 " ";

9/14/84 OK'd to back fill;

9/28/84 - Walls going up -
 P.A.P. ties in wall good
 progress

10/25/84 - Complaint Re: height,
 complainant says bldg is 40'
 high - checked height -
 verified 27' from NW in unfinished
 grade - will be 24' when
 finished - as per approved plans

10-30 - Re Inspected w/
 Sam Hoopes & Councilman
 progress good, no problems



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

August 3, 1984

Maine State Builders, Inc.
1023 Washington Avenue
Portland, ME 04103

RE: 619 Brighton Avenue

Gentlemen:

Your application to construct a 74' x 86' medical professional building has been reviewed, and a building permit is herewith issued subject to the following requirements.

Site Plan Review Requirements

Inspection Services None P.S. Hoffses 8/2/84
Fire Department None Lt. J. Collins 6/29/84
Public Works R. Roy 7/24/84

- (1) A manhole be constructed to City specifications over the storm drain connection to the City's 12" sewer.
- (2) Curb cuts shall be closed using concrete curbing and sidewalks to match existing, per City specifications.
- (3) New curb cut shall be built to City specifications.

Planning Division K. Conner 7/25/84

- (1) A 4' snow fence shall be erected along the drip line of existing trees to the rear of the property, and it shall be erected prior to construction.
- (2) Dumpster plans and signage plan are subject to staff approval. If a dumpster is not provided, then landscaping must be provided.
- (3) An "exit" sign shall be placed in the parking lot where the one-way drive begins.
- (4) The Vegetation Management Coordinator should be contacted to check the fence and the trees marked "to be saved". She must review and approve of all landscaping material prior to their planting.

Building and Fire Code Requirements

- (1) All electrical and plumbing permits must be obtained by masters of their trade.
- (2) A structural analysis is required, signed by a licensed structural engineer before work is started.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

PSII/kat

APPLICATION FOR PERMIT

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 01582
ZONING LOCATION PORTLAND, MAINE Dec. 19, 1984

PERMIT ISSUED
DEC 21 1984
CITY OF PORTLAND

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

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

LOCATION 619 Brighton Avenue Fire District #1 [] #2 []
1 Owner's name and address Dr. Richard Levesque 980 Forest Ave Telephone 774-6788
2 Lessee's name and address Telephone 04103
3 Contractor's name and address Security Services 421 Ocean Ave Telephone 773-4111
Proposed use of building ... Offices ... new bldg. No. of sheets
Last use No. families
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 5,000.00

FIELD INSPECTOR—Mr. @ 775-5451

Appeal Fees \$
Base Fee
Late Fee
TOTAL \$ 30.00

To install fire alarm system, as per plan.

Stamp of Special Conditions

ISSUE PERMIT TO P. O. Box 1002 - Security Services

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

Signature of Applicant Phone # 773-4111
Type Name of above Rolfe Bryant for Security Services [] [] [] []
Other and Address

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

MA, CARROLL

Permit No. SN/1582

Location 619 Spring Hill Ave.

Owner Dr. Charles D. Swague

Date of permit 12-19-84

Approved 12-21-84

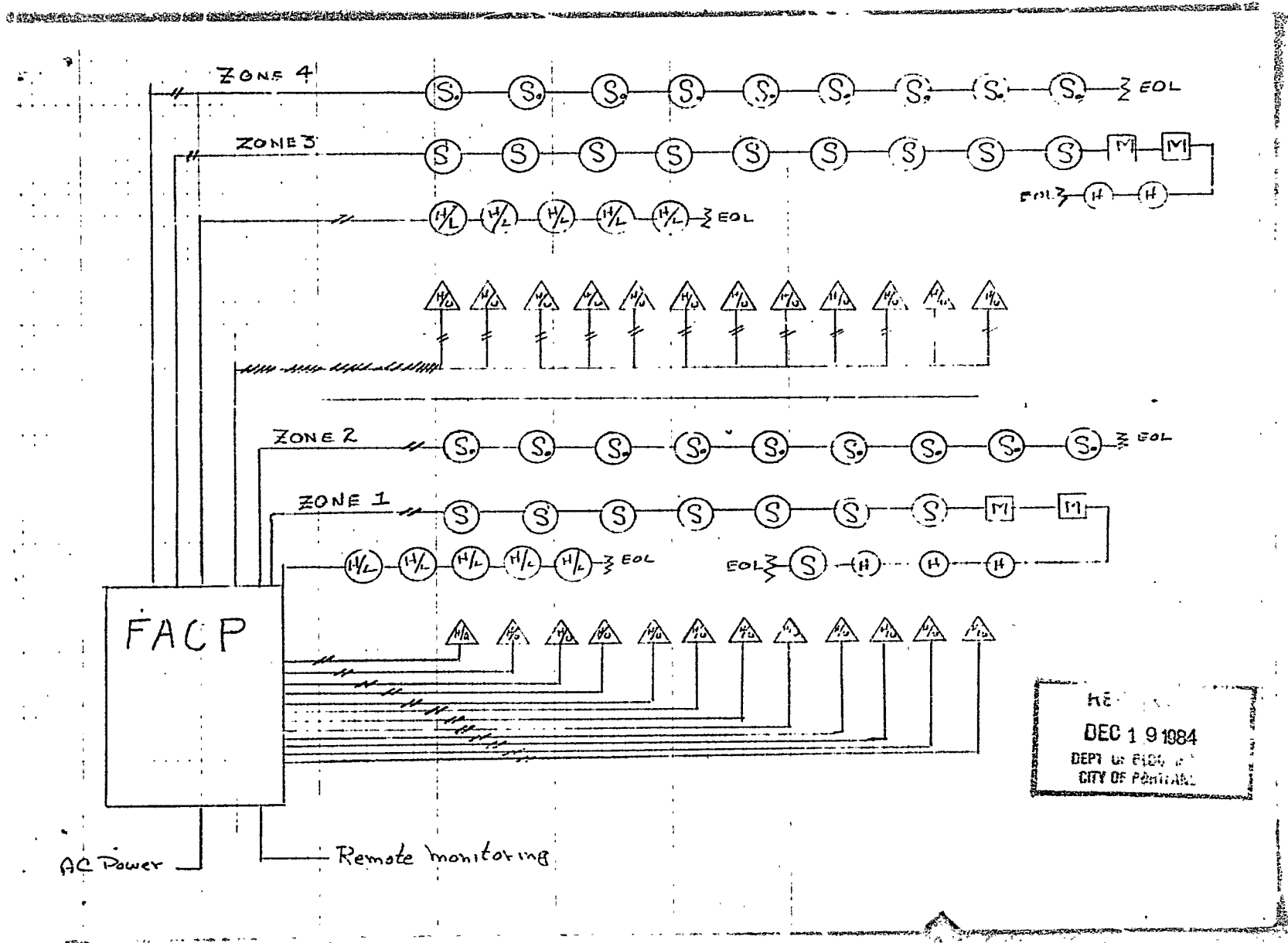
Dwelling

Garage Auto alarm system

Alteration

NOTES

Notes section with multiple horizontal lines for text entry. A large 'X' is drawn across the top portion of the notes area.



HE
 DEC 19 1984
 DEPT OF FIRE
 CITY OF PORTLAND

FACP - Fire Alarm Control Panel -
Rechargeable Standby Battery
Relays for Heat Shut-Down

(S) - Smoke Detector - located above suspended ceiling
space per m.f. communication

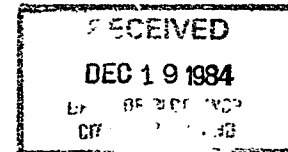
(S) - Smoke Detector - located in corridors

(H) - Heat Detector FT/RR

(H/L) - Horn/Light unit . . .

(H) - Heating Unit

(M) - Manual Station



Dr. Levesque's Office Bldg 619 Brighton Ave.		
SCALE:	APPROVED BY:	DRAWN BY: RS
DATE: 12-10-84		REVISED:
FIRE ALARM SYSTEM		
Security Services - Portland, Me		DRAWING NUMBER: SS-84-17

APPLICATION FOR PERMIT

PERMIT ISSUED

JAN 8 1985

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION 01613

ZONING LOCATION R.P. PORTLAND, MAINE ... Jan... 7, 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 619 Brighton Avenue Fire District #1 , #2

1. Owner's name and address .. Dr. Richard Levesque - same Telephone

2. Lessee's name and address Telephone

3. Contractor's name and address .. Neo-Kraft Sign Co., 15 Westminister Ave, Lewiston Telephone .. 782-9654

..... No. of sheets

Proposed use of building medical building No. families

Last use .. same No. families

Material No. stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$.....

FIELD INSPECTOR—Mr. Catroll Appeal Fees \$.....

@ 775-5451

permit cannot be issued, 1-12-85 as credit. Neo Kraft paid 36.70 on 1-12-85

To construct pole sign 15' as per plans. 1 sheet of plans.

Base Fee 18.00

Late Fee

TOTAL \$ 18.00

Stamp of Special Conditions

send permit to # 3 04240

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: O.R. 2b.1.f.

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 Paul Lessard Phone # same

Type Name of above Paul Lessard for Neo Kraft Sign Co.

Other and Address

FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY

MA Catroll

Permit No. 85/1643

Location 819 Douglas Ave.

Owner Richard Kinnear

Date of permit 1-7-85

Approved 1-8-85

Dwelling Gate sign

Garage

Alteration

YES

Handwritten notes on a set of horizontal lines.

Large grid of horizontal lines for notes, with a large 'X' drawn across the top-left portion.

902115

Permit # 902115 City of Portland BUILDING PERMIT APPLICATION Fee \$95. Zone _____ Map # _____ Lot# _____

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

Owner: Dr. John Herzog-lessee Phone # _____
 Address: 619 Brighton Ave; Ptd, ME 04 02
 LOCATION OF CONSTRUCTION 619 BRIGHTON AVENUE 2nd floor
 Contractor: Carlend Const. Sub.: 797-7510
 Address: 22 Crestwood Dr; Westbrook, ME 04092
 Est. Construction Cost \$15,000 Proposed Use: Doctors offices
 Past Use: same
 # 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: Interior renovations - 2nd fl

Foundation:

- Type of Soil: _____
- Set Backs - Front _____ Rear _____ Side(s) _____
- Footings Size: _____
- Foundation Size: _____
- Other _____

Floor:

- Sills Size: _____ Sills must be anchored.
- Girder Size: _____
- Lally Column Spacing: _____ Size: _____
- Joists Size: _____ Spacing 16" O.C.
- Bridging Type: _____ Size: _____
- Floor Sheathing Type: _____ Size: _____
- Other Material: _____

Exterior Walls:

- Studding Size _____ Spacing _____
- No. windows _____
- No. Doors _____
- Header Sizes _____ Span(s) _____
- Bracing: Yes _____ No _____
- Corner Posts Size _____
- Insulation Type _____ Size _____
- Sheathing Type _____ Size _____
- Siding Type _____ Weather Exposure _____
- Masonry Materials _____
- Metal Materials _____

Interior Walls:

- Studding Size _____ Spacing _____
- Header Sizes _____ Span(s) _____
- Wall Covering Type _____
- Fire Wall if required _____
- Other Materials _____

For Official Use Only

Date 11/5/90 Subdivision: PERMIT ISSUED
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot: NOV 13 1990
 Time Limit _____ Ownership: _____
 Estimated Cost 15,000 City of Portland

Zoning: R-P
 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 _____

Ceiling:

- Ceiling Joists Size: _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceilings: _____ Does not require review.
- Insulation Type _____ Size _____ Requires Review.
- Ceiling Height: _____

Roof:

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

Chimneys:

- Type: _____ Number of Fire Places _____

Heating:

- Type of Heat: _____

Electrical:

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

Plumbing:

- Approval of soil test if required Yes _____ No _____
- No. of Tubs or Showers _____
- No. of Flushes _____
- No. of Lavatories _____
- No. of Other Fixtures _____

Swimming Pools:

- Type: _____
- Pool Size: _____ x _____
- Must conform to National Electrical Code and _____

Permit Received By

Louise _____ Date 11-5-90

Signature of Applicant

Chris Carlend _____ Date 11-6-90

Signature of _____

Chris Carlend _____ Date 11-6-90

Inspection Dates

White-Tax Assesor

Yellow-GPCOG

White Tag -CEO

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HISTORIC PRESERVATION

PERMIT ISSUED
 LETTER

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

February 10, 1993

Ellie Goolkasian
619 Brighton Ave
Portland, ME 04102

Re: 619 Brighton Ave
Rosemont Day Surgery Center

Dear Ms. Goolkasian,

This letter is to verify that, to the best of my knowledge, the property located at 619 Brighton Avenue in Portland is in compliance with local land use ordinances.

Sincerely,


William D. Giroux
Zoning Administrator

ELECTRICAL PERMIT

City of Portland, Me.



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 City of Portland Electrical Ordinance,
 National Electrical code and the following specification.

Date 08 August 1995
 Permit # 11182

LOCATION: 619 Brighton Ave

OWNER Mercy Hospital ADDRESS _____

						TOTAL EACH FEE		
OUTLETS								
	Receptacles	Switches				16	.20	3.20
FIXTURES	(number of)							
	Incandescent	fluorescent				12	.20	2.40
	fluorescent strip						.20	
SERVICES								
	Overhead			TTL AMPS TO	800		15.00	
	Underground				800		15.00	
TEMPORARY SERV.								
	Overhead			AMPS OVER	800		25.00	
	Underground				800		25.00	
METERS	(number of)						1.00	
MOTORS	(number of)						2.00	
RESID/COM	Electric units						1.00	
HEATING	oil/gas units						5.00	
APPLIANCES	Ranges	Cook Tops	Wall Ovens				2.00	
	Water heaters	Fans	Dryers				2.00	
Disposals	Dishwasher	Compactors	Others (denote)				2.00	
MISC. (number of)	Air Cond/win						3.00	
	Air Cond/cent						10.00	
	Signs						5.00	
	Pools						10.00	
	Alarms/res						5.00	
	Alarms/com						15.00	
	Heavy Duty						2.00	
	Outlets							
	Circus/Carnv						25.00	
	Alterations						5.00	
	Fire Repair						15.00	
	E Lights						1.00	
	E Generators						20.00	
	Panels						4.00	
TRANSFER	0-25 Kva						5.00	
	25-200 Kva						8.00	
	Over 200 Kva						10.00	
						TOTAL AMOUNT DUE		
						MINIMUM FEE 25.00 25.00		

INSPECTION: Will be ready ready or will call _____

CONTRACTORS NAME Eastern Electrical
 ADDRESS 20 Bedford St
 TELEPHONE 772-6762
 MASTER LICENSE No. 11182
 LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

