

PLUMBING APPLICATION

PROPERTY ADDRESS
Town or Plantation: Portland
Street: 27 ALMCKAY RD
Subdivision Lot #: 73-1-2-20-10-1

PROPERTY OWNERS NAME
Last: Jel Services
Applicant Name: 27 ALMCKAY RD
Mailing Address of Owner/Applicant (If Different): Portland Me. 04102

PORTLAND 4388 TOWN COPY

Date Permitted: 1/19/92 \$ 115.00 Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I.# 01241

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: 1/19/92

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: Kevin Carroll Date Approved: 1/29/92

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 _____

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 # 01890

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. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)	
		Floor Drain		Shower (Separate)	
		Urinal	2	Sink	
		Drinking Fountain		Wash Basin	
		Indirect Waste	1	Water Closet (Toilet)	
		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	4	Fixtures (Subtotal) Column 1	
Hook-Up & Relocation Fee			1	Fixtures (Subtotal) Column 2	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				5	Total Fixtures
				\$	Fixture Fee
				\$	Hook-Up & Relocation Fee
				\$ 105	Permit Fee (Total)

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland

Street: McKean Rd.

Subdivision Lot #: Office # 110

PROPERTY OWNERS NAME

Last: Hanger Assoc.

First: Russell

Applicant Name: Russell

Mailing Address of Owner/Applicant (if different): 35 New Chester Rd. Scarborough, Me 04071

PORTLAND PERMIT # 2,823 TOWN COPY

Date Permit Issued: 4-14-88 FEE \$163 Double Fee Charged

[Signature] 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] Signature of Owner/Applicant Date: 4-1-88

Caution: Inspection Required

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

[Signature] Local Plumbing Inspector Signature Date Approved: NOV 1 1988

PERMIT INFORMATION

This Application is for:

NEW PLUMBING

RELOCATED PLUMBING

APR - 5 1988

Type Of Structure To Be Served:

SINGLE FAMILY DWELLING

MODULAR OR MOBILE HOME

MULTIPLE FAMILY DWELLING

OTHER - SPECIFY: OFFICE

Plumbing To Be Installed By:

MASTER PLUMBER

OIL BURNERMAN

MFC/D. HOUSING DEALER/MECHANIC

PUBLIC UTILITY EMPLOYEE

PROPERTY OWNER

LICENSE # 12324

Description	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	4	Hosebibb / Sillcock		Bathtub (and Shower)
	2	Floor Drain	4	Shower (Separate)
OR	4	Urinal		Sink
	2	Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface 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 Cuspidor		Garbage Disposal
Number of Hook-Ups & Relocations		Bidet		Laundry Tub
		Other		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	13	Fixtures (Subtotal) Column 1
			12	Fixtures (Subtotal) Column 1
			13	Total Fee
			\$163	
			\$	
			\$	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

913274

Permit # 913274 City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone _____ Map # _____ Lot # _____

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

Owner: Marina Aviation Co. Phone # 775-5355

Address: 1127 West Cook St. Apt 1 NE 04102

LOCATION OF CONSTRUCTION: McKay RD. (hangar)

Contractor: Fireshield Sprk Sub. (close to NYS Bldg)

Address: 11 Washington Ave. Phone # 333-3261

Est. Construction Cost: SCARBOROUGH ME #A 04074 Proposed Use: office space

Est. Construction Cost: 1800 Past Use: hangar

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: install sprinkler system

PERMIT ISSUED

For Official Use Only

Date: 11/2 91 Subdivision: NOV 27 1991

Inside Fire Limits _____ Bldg Code _____ Time Limit _____ Estimated Cost _____

CITY OF PORTLAND

Zoning: Street Frontage Provided: _____ Provided Setbacks: Front _____ Back _____ Side _____ Side _____

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

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: _____
- Jolsts 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: 2x4 Spacing _____
- Header Sizes: _____ Span(s) _____
- Wall Covering Type: _____
- Fire Wall if required: _____
- Other Materials: _____

Ceiling:

- Ceiling Joists Size: _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceilings: _____
- Insulation Type _____ Size _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- 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 _____ Square Footage _____
- Must conform to National Electrical Code and State Law.

Permit Received By: Louise E. Chase

Signature of Applicant: [Signature] Date: 11/22/91

CEO's District: 4 Scott GARDNER

CONTINUED TO REVERSE SIDE [Signature] Ivory Tag - CEO [Signature]

White - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 25 -

Subdivision Fee \$ _____

Site Plan Review Fee \$ _____

Other Fees \$ _____

(Ex. n) _____

Late Fee \$ _____

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

COMMENTS

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 has 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 or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Scott C. Rose
SIGNATURE OF APPLICANT

ADDRESS

883-3261
PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.

**FIRESHIELD
SPRINKLER SYSTEMS Inc.**
11 Washington Avenue
Scarborough Industrial Park
SCARBOROUGH, MAINE 04074

(207) 883-3261

LETTER OF TRANSMITTAL

TO CITY OF PORTLAND
Rm 315, CITY HALL
CONGRESS ST.
PORTLAND, ME 04101

DATE	11-22-91	JOB NO	91-109
ATTENTION			
RE	MAINE AVIATION TENANT SPACE		
	AL McLEAY RD		
	PORTLAND, ME 04102		

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order PERMIT CHECK

COPIES	DATE	NO.	DESCRIPTION
20	11-22-91	191	SPRINKLER SHOP DRAWINGS
1	11-22-91	-	CHECK # 96392 - \$25 FOR SPRINKLER PERMIT

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment PLEASE RETURN SPRINKLER PERMIT
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

RECEIVED

NOV 23 1991

DEPT. OF BUILDINGS
CITY OF PORTLAND

SCOTT E. GALLAND

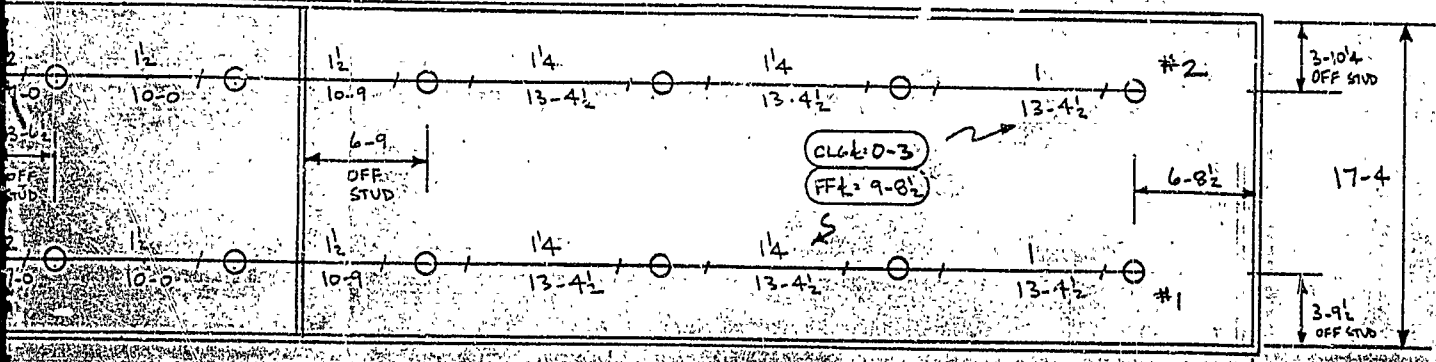
COPY TO _____

SIGNED: Scott E. Galland

DESIGN AIA
NICET III

PRODUCT 7102 **WATTS** Inc. Order. Mass. 01471

If enclosures are not as noted, kindly notify us at once.



RECEIVED

NOV 22 1991

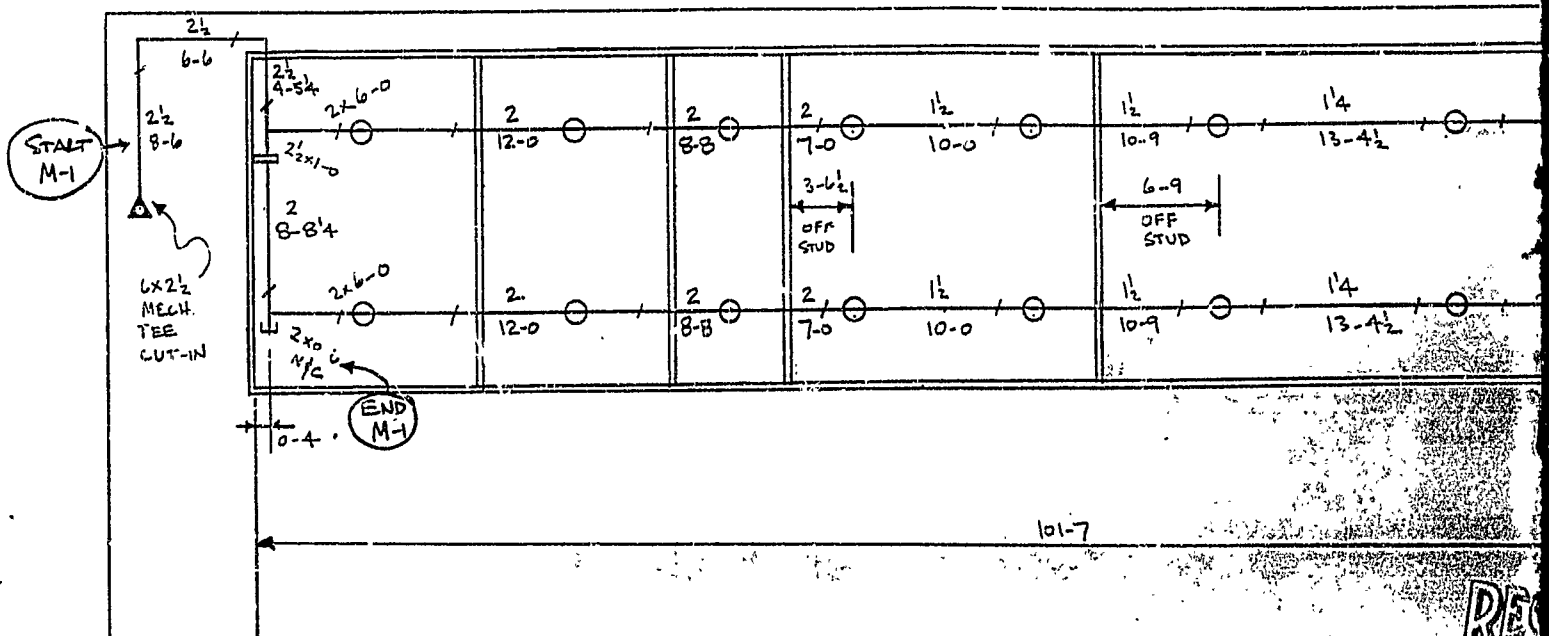
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

SPRINKLER SYSTEM TO BE DESIGNED
AND INSTALLED IN ACCORDANCE
WITH NFPA #13

PLANS SUBMITTED FOR PERMIT
FROM CITY OF PORTLAND

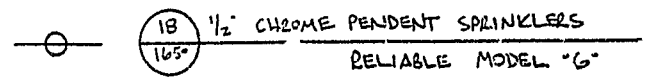
○ 18. 1/2" CURVE PENDENT SPRINKLERS
165° RELIABLE MODEL "G"

MAINE AVIATION HANGAR TENANT AL MCKAY ROAD PORTLAND, ME 04102	
FIRESHIELD SPRINKLER SYSTEMS Scarborough Industrial Park 11 Washington Avenue Scarborough, ME 04074 (207) 883-3281	SCALE 1/8" = 1'-0"
	DATE 11-22-91 BY SEG-
	APPROVAL CITY OF PORTLAND
	DRAWING NO. 1 OF 1 CONTRACT NO. 91-109



GENERAL NOTES:

- 1) EXISTING ROOF SYSTEM TO REMAIN AS-IS.
- 2) NEW TENANT SPACE CONSISTS OF OFFICES (LIGHT HAZARD)
- 3) EXISTING 6" WET SPRINKLER RISER.
- 4) NEW INSTALLATION PER LT. HAZARD PIPE SCHEDULE



REC
NOV
DEPT. OF BLDG
CITY

919129

Permit # 919129 City of Portland BUILDING PERMIT APPLICATION Fee 95.00 Zone _____ Map # _____ Lot# _____

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

Owner: Eric Clanchette Phone # _____
 Address: Ptld Jetport/Westbrook St.
 LOCATION OF CONSTRUCTION Portland Jetport/#2 Airckay Ave
 Contractor: Precision Aviation Sub: _____
 Address: 841 Galaxy Way Manchester NH Phone # _____
 Est. Construction Cost: under 10,000.00 Proposed Use: Airplane hanger
 Past Use: Airplane hanger /office
 # of Existing Res. Units _____ # of New Res. Units 775-5635
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Change of Use w/interior renovations

For Official Use Only

Date September 18, 1991 Subdivision: _____
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Ownership: _____
 Estimated Cost _____

CITY OF PORTLAND

PERMIT ISSUED
 001-91991

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) _____
WDA 9-20-91

Mail to: Maine Aviation/Port. Int. Jetport Ptld, ME 04108 Ceiling:
 Foundation: Call Robert Murphy 775-5635
 1. Type of _____
 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 _____

HISTORIC PRESERVATION

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 Mary Gresik
 Signature of Applicant Robert J. Murphy Date Sept 18, 1991
 CEO's District _____

White - Tax Assessor

CONTINUED TO REVERSE SIDE
Ivory Tag - CEO



CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND, MAINE 04101
(207) 874-8300

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

October 9, 1991

Bob Murphy
Maine Aviation
Portland International Jetport
Portland, ME 04102

Re: 1127 Westbrook St

Dear Sir:

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

No certificate of occupancy can be issued until all of the following requirements have been met.

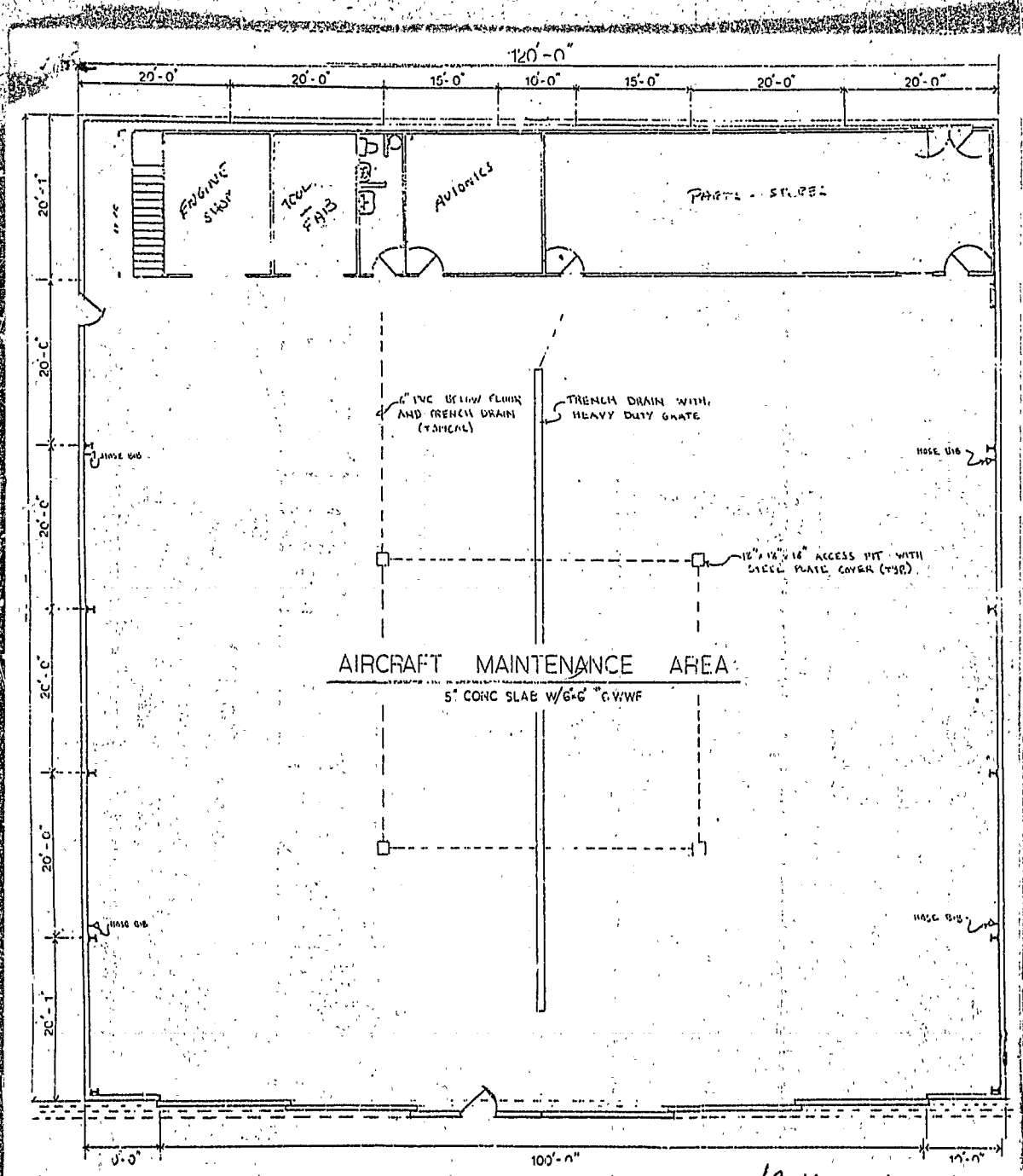
1. Additional exits shall be provided at intervals of not more than 150 feet on all exterior walls. Note that "Dwarf or Smash" doors in doors used for accommodating aircraft are permitted.
2. The automatic sprinkler system shall be extended to provide protection for all inside areas built inside the hanger. See N.F.P.A. #409 for special provisions of sprinkler protection for Aircraft Hangers.
3. Discharge from exits shall be in accordance with Section 5-7 of N.F.P.A. 101 Life Safety Code.
4. Emergency lighting shall be provided in accordance with Section 5-9.
5. Signs designating exits or ways of travel thereto shall be provided in accordance with Section 5-10.

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

Sincerely,

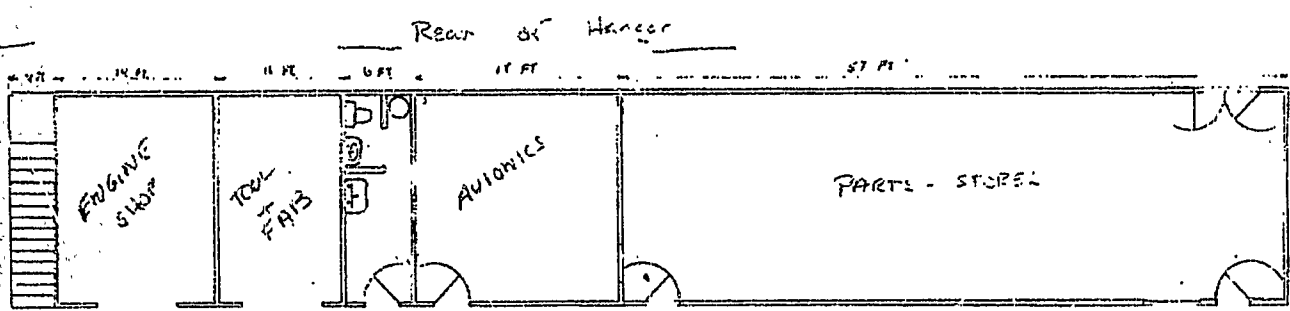
P. Samuel Hoffses
P. Samuel Hoffses
Chief of Inspection Services

cc: Lt Wallace Garroway, FPB

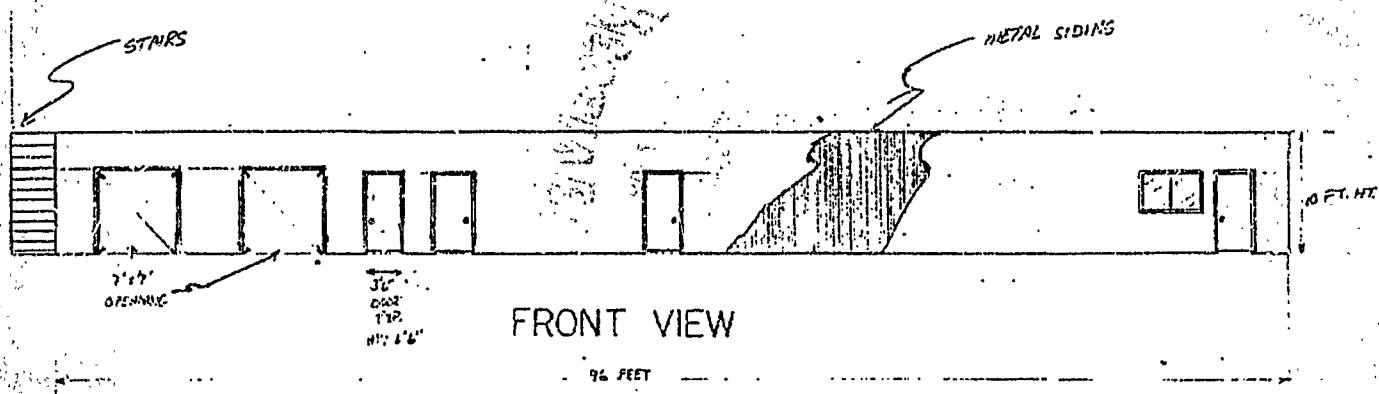


Jet Services/Pum
 (Maine
 Aviation
 Corp)

#2 at McKay Rd - Ptd Jetport



TOP VIEW



FRONT VIEW

96 FEET

12

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

Location of Construction: 4 Al McKay Ave (Jetport)	Owner: U.S. Dept of Commerce/Net'l Weather Service	Phone:	Permit No: 950989
Owner Address:	Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: A.L. Doggett	Address: P.O. Box 35 Gay, ME 04039	Phone: 657-4569	
Past Use: Radar Tower & Office Bldgs	Proposed Use: Same	COST OF WORK: \$	PERMIT FEE: \$ 20.00
Proposed Project Description: Remove (2) Underground tanks	FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	Zone: CBL: AB
	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	Zoning Approval: <i>[Signature]</i> 9/13/95
	Action: Approved Approved with Conditions Denied		Special Zone of Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input checked="" type="checkbox"/> major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Perm Taken By: Mary Gresik	Date Applied For: 12 Sept 1995	Signature: _____	Date: _____

PERMIT ISSUED
SEP 14 1995
CITY OF PORTLAND

- 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.

***No DEP forms - XXXX Paperwork to be waived

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

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

SIGNATURE OF APPLICANT: *[Signature]* Mike Lewis ADDRESS: _____ DATE: 12 Sept 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

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

Action:
 Approvec
 Approved with Conditions
 Denied

Date: *[Signature]* 9/13/95

CEO DISTRICT **4**
K. Carroll