



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

1600 Congress Street

January 20, 1988

Mr. Richard Linsman  
F. P. & C. H. Murray  
P. O. Box 2530  
South Portland, Maine 04106

Dear Mr. Linsman:

We are about to issue foundation permits for Buildings A, B, & D of Tidewater Ridge development at 1600 Congress Street, but we can find no record that fees for the subdivision plan and site plan review were paid for this planned residential unit development. Please advise this office as to when these payments were made if you have the receipts for such payments.

It is my understanding that this development was reviewed by the Planning Board first on July 7, 1987, and was subsequently approved by the Planning Board in September of 1987.

Until we receive verification of the payment of the necessary fees for this site and subdivision review, we shall have to defer issuance of these permits for foundations for Buildings A, B, and D of the Tidewater Ridge Development at 1600 Congress Street.

Sincerely,

A handwritten signature in cursive script, reading "Warren J. Turner".

Warren J. Turner  
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services  
Hugh Irving, Code Enforcement Officer



930984

Permit # 930984 City of Portland BUILDING PERMIT APPLICATION Fee 5,120.00 Zone B-2 Map # 220 B Lot# 10 and 15  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: 1600 Congress St. Assoc. Phone # \_\_\_\_\_Address: 103 Silver St. Portland, ME 04101LOCATION OF CONSTRUCTION 1600 Congress St.Contractor: Benchmark Sub: \_\_\_\_\_  
Address: 4 Belfield Rd Cape Elizabeth, ME 04107 Phone # 767-9778Est. Construction Cost: 1,020,000.00 Proposed Use: Prof. Med. Offices  
Past Use: Vacant

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: CHANGE OF USE from printing facility  
Seasonal Condominium Conversion to medical officeExplain Conversion Construct Addition (150 x 200) as per plans

October 19, 1993 For Official Use Only

Date July 27, 1993

Subdivision: \_\_\_\_\_

Name OCT 22 1993

Inside Fire Limits \_\_\_\_\_

Lot \_\_\_\_\_

Bldg Code \_\_\_\_\_

Ownership: \_\_\_\_\_

Public \_\_\_\_\_

Time Limit \_\_\_\_\_

Private \_\_\_\_\_

Estimated Cost \_\_\_\_\_

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) \_\_\_\_\_

Ceiling: \_\_\_\_\_

1. Ceiling Joists Size \_\_\_\_\_

2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_

3. Type Ceilings: \_\_\_\_\_

4. Insulation Type \_\_\_\_\_

5. Ceiling Height: \_\_\_\_\_

Roof: \_\_\_\_\_

1. Truss or Rafter Size \_\_\_\_\_

2. Sheathing Type \_\_\_\_\_

3. Roof Covering Type \_\_\_\_\_

Chimneys: \_\_\_\_\_

Ty. \_\_\_\_\_

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 \_\_\_\_\_

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: \_\_\_\_\_

3. Must conform to National Electrical Code and State Code \_\_\_\_\_

Permit Received by \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Signature of CEO \_\_\_\_\_

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

White Tax Assessor \_\_\_\_\_

Yellow GPCOG \_\_\_\_\_

White Tag - CEO \_\_\_\_\_

[4] MA. Carroll

PERMIT ISSUED  
WITH LETTERDate 7/27/93  
Robert Metcalf

Date Oct 19, 1993

Copyright GPCOG 1988





APPLICATION FOR PERMIT  
DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
ELECTRICAL INSTALLATIONS

Date July 26, 1989, 19  
Receipt and Permit number 00336

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: 1600 Congress Street

OWNER'S NAME: Prid. Lithograph Co ADDRESS: \_\_\_\_\_

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmaki _____ ft TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>45</u> (not strip) TOTAL <u>45</u>	6.50
Strip Fluorescent _____ ft _____	
SERVICES:	
Overhead _____ Under ground _____ 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 _____	Dish washers _____
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 _____	
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	INSTALLATION FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: <u>6.50</u>

INSPECTION:

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

CONTRACTOR'S NAME: Alladin Elec

ADDRESS: 171 Warren Ave

TEL: \_\_\_\_\_

MASTER LICENSE NO.: 4471

LIMITED LICENSE NO.: \_\_\_\_\_

SIGNATURE OF CONTRACTOR: \_\_\_\_\_



ELECTRICAL INSTALLATIONS —

Permit Number 26536

Location 1490 E. 1st St. S. Portland, Ore.

Owner W. L. J. Smith

Date of Permit 7/26/35

Final Inspection OK

By Inspector D. J. Jones

Permit Application Register Page No. 1

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_

Service called in \_\_\_\_\_

Closing-in \_\_\_\_\_ by \_\_\_\_\_

CESS INSPECTIONS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE:

REMARKS:



940363

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee 34.60 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.Owner: 164 Realty Inc. Phone # \_\_\_\_\_  
Address: Center for Wealth Promotion 1600 Congress St 04102  
LOCATION OF CONSTRUCTION 1600 Congress St  
Contractor Signature Signs Sub: \_\_\_\_\_  
P.O. Box 1023 Portland, ME 04104 Phone # 883-2500  
Address: \_\_\_\_\_Est. Construction Cost: \_\_\_\_\_ Proposed Use: Therapy Ctr w/sign  
UL# AW978975 Past Use: \_\_\_\_\_  
# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
Explain Conversion Erect Lighted Sign 6x8 as per plans

## Foundations:

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 Size: \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Framing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_ 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 \_\_\_\_\_

White - Tax Assessor

## For Official Use Only

Date: 3 May 94 Subdivision: \_\_\_\_\_  
Inside Fire Limits \_\_\_\_\_ Name: MAY - 4 94  
E.A. Code \_\_\_\_\_ Lot: \_\_\_\_\_  
Time Limit \_\_\_\_\_ Ownership: Public  
Estimated Cost \_\_\_\_\_ Private

## Zoning:

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

## Review Required:

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
Shoreland Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exceptions: \_\_\_\_\_  
Other: (if other) \_\_\_\_\_

## 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 \_\_\_\_\_

## 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 Laboratories \_\_\_\_\_

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 Mary Gresik

Signature of Applicant Nasser Chanani Date 3 May 94

CEO's District 4 Nasser Chanani AS agent for owner

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

[4] M.A. Carroll



CITY OF PORTLAND, MAINE  
Department of Building Inspection

220-B-010/015



# Certificate of Occupancy

LOCATION 1600 Congress St

Date of Issue 23 May 1994

Issued to B&O Medical Applications

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 940191, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy for use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

North East Quadrant

Medical Facility

Limiting Conditions

This certificate supersedes  
certificate issued

Approved  
3/24/93  
(Date)

Inspector

*[Signature]*  
Inspector of Buildings

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



040191

City of Portland BUILDING PERMIT APPLICATION Fee 1,345. Zone 150.00 Dump Permit Map # Lot #

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

Owner: Bio Medical Application of ME Phone # 761-7780  
 Address: 500 Southboro Dr So Portland, ME 04105  
 LOCATION OF CONSTRUCTION 1600 Congress St  
 Contractor: Ledgewood, Inc. Sub: P.O. Box 8107 Portland, ME 04104 Phone # 767-1866  
 Address: \_\_\_\_\_  
 Est. Construction Cost: 225,000. Proposed Use: Medical Office w/interior renovation  
 Past Use: Medical Office  
 # 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 Cor \_\_\_\_\_ Interior Renovations as per plans

PERMIT ISSUED  
 For Official Use Only  
 Date 23 March 1994  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
 Subdivision Name: 25 B34  
 Lot \_\_\_\_\_  
 Ownership: Public  
 CITY OF PORTLAND

Single Axle Dump Truck = Receipt #07418 Permit #0102  
 Foundation: \$150.00

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: \_\_\_\_\_ Spacing 16" O.C.  
 4. Joists Size: \_\_\_\_\_  
 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 Ex. \_\_\_\_\_  
 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 \_\_\_\_\_

Zoning: \_\_\_\_\_  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other: (Explain) 3-23-94

Ceiling: \_\_\_\_\_  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceiling: \_\_\_\_\_  
 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 Fixtures \_\_\_\_\_

Swimming Pools: \_\_\_\_\_  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to local Electrical Code and State Law.

PERMIT ISSUED  
 WITH LETTER

PERMIT ISSUED  
 WITH LETTER

Permit Received By: \_\_\_\_\_  
 Signature of Applicant: \_\_\_\_\_  
 Date: 23 March '94

CEO's District: 11 Tim Barthelme

CONTINUED TO REVERSE SIDE  
 Ivory Tag - CEO [4] 1/14 Carvace

White - Tax Assessor



PLOT PLAN

N  
↑

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

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

COMMENTS

*Send Permanent Copy*  
*Portion of Bldg*  
*North East Quadrant*  
*Occupancy*  
*Medical Facility*  
*Limiting Conditions*  
*None*

CERTIFICATION

I hereby certify that I am the owner of record of this named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official 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.

*Timothy B. Balthus*  
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK TITLE PHONE NO.



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

March 25, 1994

RE: 1600 Congress Street, Portland

Ledgewood Inc.  
P.O. Box 8107  
Portland, ME 04104

Dear Sir:

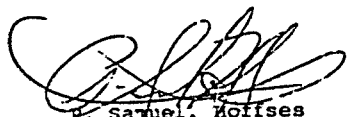
Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirements: This permit does not preclude the applicant from meeting the requirements of State and Federal laws.

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

1. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10, section and subsections 1023. & 1024.0 of the City's building code. (The BOCA National Building Code/1993)
2. Portable fire extinguishers shall be provided as per NFPA #10.
3. Sprinkler work involving over 20 heads must be approved by the State Fire Marshal's office.
4. A fire alarm system must be installed.
5. A fire alarm acceptance report shall be submitted to the Portland Fire Department. LT. G. McDougal
6. The fire alarm system must be connected to the Portland Fire Department or U.L. listed Central Station.

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

Sincerely,

  
S. Samuel P. Hoffses  
Chief of Inspection Services

/el

cc: LT. Gaylen McDougal, Fire Prevention Bureau



CITY OF PORTLAND, MAINE  
Department of Building Inspection

220-B-15



# Certificate of Occupancy

LOCATION 1600 Congress St

Issued to 1600 Congress St Associates

Date of Issue 23 May 1994

This is to certify that the building, premises, or part thereof, at the above location, built -- altered -- changed as to use under Building Permit No. 930984, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire South Half of building

Medical Offices

Limiting Conditions:

This certificate supersedes  
certificate issued.

Approved:

5/23/94 [Signature]  
(Date) Inspector

[Signature]  
Inspector of Buildings

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



930984

Permit # \_\_\_\_\_ City of Portland

## BUILDING PERMIT APPLICATION

5.120.00

Zone B-2

Map #220 B Lot# 10 and 15

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

Owner: 1600 Congress St. Assoc.

Phone # \_\_\_\_\_

Address: 100 Silver St. Portland, ME 04101

LOCATION OF CONSTRUCTION: 1601 Congress St.

Contractor: Benchmark

Sub: \_\_\_\_\_

Address: 4 Belfield Rd Cape Elizabeth, ME 04107

Phone # 767-9776

Est. Construction Cost: 1,020,000.00 Proposed Use: f. Med. Offices

# of Existing Res. Units \_\_\_\_\_ Past Use: Vacant

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: CHARGE CASE FROM Printing facility to medical office

Explain Conversion: Construct Addition (150 x 200) as per plans

220-2-010/015

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: \_\_\_\_\_
5. Bridging Type: \_\_\_\_\_ Spacing 16" O.C.
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Materials: \_\_\_\_\_

Exterior Walls:

1. Studing Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_ Span(s) \_\_\_\_\_
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. Studing size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

October 19, 1993 For Official Use Only	
Date: July 27, 1993	Subdivision: _____
Inside Fire Limit: _____	Name: _____
Bldg Code: _____	Lot: 220 B
Time Limit: _____	Ownership: Public
Estimated Cost: _____	Remarks: _____

Zoning:

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

Review Required:

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
Conditions Use: \_\_\_\_\_ Variance: \_\_\_\_\_ Site Plan: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Shoreland Zoning: Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_  
Special Exception: \_\_\_\_\_  
Other (Explain): \_\_\_\_\_

Ceiling:

1. Ceiling Joists Size: \_\_\_\_\_
2. Ceiling Sheathing 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:

Heating: \_\_\_\_\_ Number of Fire Places: 00,000 Date: 7/27/93

Electrics:

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required: Yes \_\_\_\_\_

Plumbing:

1. Approval of soil tests: \_\_\_\_\_
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: \_\_\_\_\_ Square Footage: \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

Permit Received By:

Signature of Applicant: \_\_\_\_\_ Date: 7/27/93

Signature of CEO: Mitchell \_\_\_\_\_ Robert Metcalf

Inspection Dates: \_\_\_\_\_ Date: \_\_\_\_\_

White-Tax Assessor

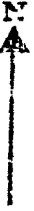
Yellow-GPCOG

White-Tax-CEO

© Copyright GPCOG 1988



PLOT PLAN



FEE'S (Breakdown From Front)

Use Fee \$ \_\_\_\_\_  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ 300.00  
 (Explain) \_\_\_\_\_  
 Lot Fee \$ \_\_\_\_\_

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS seven packets submitted

*Sand C.R.D.*  
*Portion of Bldg*  
*Entire South 1/2 of Bldg*  
*No limitation*  
*Side company*  
*Medical Office*

*RD 5/23/94*  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



# FIRE ALARM ACCEPTANCE REPORT

## GENERAL

Address: 1600 Congress St.  
 Owner: 164 Realty  
 Owners Address: 100 Silver St  
 Floors Protected: 1

## EQUIPMENT INVENTORY

Equipment Brand: Thorn  
 Number of Smoke Detectors: 0  
 Type of Smoke Detectors; Ionization: N/A Photo Elec: N/A  
 Number of Rate-of Rise Detectors: 0  
 Number of Fixed Temp Heat Detectors: 0  
 Number of Manual Pull Station: 5  
 Number of Sounding Devices: 11  
 Type of Sounding Devices; Horn 11 Horn Light: X Bell: Speaker Chimes  
 Prerecorded Tape Message: No

## AUXILIARY EQUIPMENT

Number of Master Boxes: None  
 Fan shut-down; Yes: No No: X  
 Door holders; Yes: No X Number: 0  
 Sprinkler Activation; Yes: No No: X  
 Fire Fighters Telephone; Yes: No No: X  
 Voice Communications; Yes: No No: X  
 Remote Annunciators; Yes: No No: X  
 Door Lock Control; Yes: No No: X  
 Elevator Control; Yes: No No: X

## WIRING

Does the wiring conform to NFPA #70 (NEC), Article 760? Yes X No  
 Is standby power provided? Yes X No  
 Battery: X Generator: Both No ✓  
 Have any devices been "T" tapped? Yes No No ✓  
 Are back boxes provided for all devices: Yes X No

## TEST RESULTS

Was a complete test conducted on this system including the activation of all smoke detectors and pull stations? Yes: X No  
 Is the Alarm Tone of the sounding devices adequate to maintain 15 dbs above ambient noise levels? Yes: X No  
 Is this system in compliance with NFPA 72A standards: Yes: X No

Signature of Installing Contractor: John Perry Electric  
 Date: 4-28-77

This form must be completed in its entirety and returned to the Fire Prevention Bureau before a Certificate of Occupancy will be issued.

Original Copy to Office of Fire Prevention

Duplicate Copy to Applicant



# CONTRACTOR'S MATERIAL & TEST CERTIFICATE FOR ABOVEGROUND PIPING

1897-1931

## PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.  
A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME

1600 CONGRESS ST KIDNEY DIALYSIS CTR

DATE 4-13/79

PROPERTY ADDRESS

PORTLAND MAINE

PLANS

ACCEPTED BY APPROVING AUTHORITY(S) NAMES

OFFICE OF STATE FIRE MARSHAL

ADDRESS

317 STATE ST STATION #52 AUGUSTA MAINE 04333

INSTALLATION CONFORMS TO ACCEPTED PLANS

EQUIPMENT USED IS APPROVED

IF NO, EXPLAIN DEVIATIONS

YES NO

YES NO

INSTRUCTIONS

HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT IF NO, EXPLAIN

YES NO

HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS AND NFPA 13A BEEN LEFT ON PREMISES IF NO, EXPLAIN

YES NO

LOCATION OF SYSTEM

SUPPLIES BLDGS.

ENTIRE BLDG (OFFICES & Dialysis ctr)

SPRINKLERS

MAKE	MODEL	YEAR OF MANUFACTURE	ORIFICE SIZE	QUANTITY	TEMPERATURE RATING
CENTRAL	GB 4B	1984	1/2"	20	155°
"	C.P.	"	"	317	155°

YES NO

YES NO

PIPE AND FITTINGS

PIPE CONFORMS TO NFPA 413 STANDARD  
FITTINGS CONFORM TO 50 MPV STANDARD  
IF NO, EXPLAIN

ALARM VALVE OR FLOW INDICATOR

ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE	
TYPE	MAKE	MODEL	MIN.	SEC.
4" ALARM	CENTRAL	F		18

DRY PIPE OPERATING TEST

DRY VALVE			MAKE		MODEL		SERIAL NO.	
MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.	MAKE	MODEL	SERIAL NO.
TIME TO TRIP THRU TEST PIPE			WATER PRESSURE			AIR PRESSURE		
MIN.	SEC.	PSI	MIN.	SEC.	PSI	MIN.	SEC.	PSI
Without Q.O.D.								
With Q.O.D.								

IF NO, EXPLAIN

(OVER)

EFT-100



DELUGE & PREACTION VALVES	OPERATION		<input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC	
	PIPING SUPERVISED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TEST DESCRIPTION	MAKE	MODEL	DOES EACH CIRCUIT OPERATE SUPERVISION LOSS ALARM	DOES EACH CIRCUIT OPERATE VALVE RELEASE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			MAXIMUM TIME TO OPERATE RELEASE	
			MIN.	SEC.
TESTS	HYDROSTATIC. Hydrostatic tests shall be made at not less than 200 psi (13.6 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.2 bars) for two hours. Differential dry pipe valve clappers shall be left open during test to prevent damage. All aboveground piping leakage shall be stopped.			
	FLUSHING. Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 400 GPM (1514 L/min) for 4-inch pipe, 600 GPM (2271 L/min) for 5-inch pipe, 750 GPM (2839 L/min) for 6-inch pipe, 1000 GPM (3785 L/min) for 8-inch pipe, 1500 GPM (5678 L/min) for 10-inch pipe and 2000 GPM (7570 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available.			
	PNEUMATIC. Establish 40 psi (2.7 bars) air pressure and measure air pressure drop which shall not exceed 1 1/2 psi (0.1 bars) in 24 hours. pressure tanks at normal water level and air pressure and measure air pressure drop which shall not exceed 1 1/2 psi (0.1 bars) in 24 hours.			
	ALL PIPING HYDROSTATICALLY TESTED AT <u>200</u> PSI FOR <u>2</u> HRS. IF NO, STATE REASON			
BLANK TESTING GASKETS	DRY PIPING PNEUMATICALLY TESTED		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	EQUIPMENT OPERATES PROPERLY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	READING OF GAGE LOCATED NEAR WATER SUPPLY TEST PIPE:	RESIDUAL PRESSURE WITH VALVE IN TEST PIPE OPEN WIDE		
	STATIC PRESSURE. <u>90</u> PSI	<u>36</u> PSI		
WELDING	Underground mains and lead in connections to system riser flushed before connection made to sprinkler piping.			
	VERIFIED BY COPY OF THE U FORM NO 85B		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	FLUSHED BY INSTALLER OF UNDERGROUND SPRINKLER PIPING		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	EXPLAIN		Installed by others & flushed by EFP	
HYDRAULIC DATA NAMEPLATE	NAMEPLATE PROVIDED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN:		<u>4/13/94</u>	
	NAME OF SPRINKLER CONTRACTOR		<u>Eastman Fire Protection Co</u>	
	TESTS WITNESSED BY			
SIGNATURES	FOR PROPERTY OWNER (SIGNED)		TITLE	
	<u>Robert E. Hurd</u>		<u>Super</u>	
	DATE		<u>4/13/94</u>	
	FOR SPRINKLER CONTRACTOR (SIGNED)		TITLE	
<u>Tommy Coleman</u>		<u>Foreman</u>		
DATE		<u>4/13/94</u>		

ADDITIONAL EXPLANATION AND NOTES  
KIDNEY DIALYSIS NEEDS HOS CUT BACK WHEN CLOSING ARE IN.



REVIEWED FOR  
BARRIER - FREE  
COMPLIANCE

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



Permit No. 660

PERMISSION IS HEREBY GIVEN TO:  
Center for Health Promotion  
1600 Congress  
Portland, ME 04102

Location of project:  
1600 Congress  
Portland, ME

PROJECT TITLE:  
1600 Congress  
OCCUPANCY CLASSIFICATION:  
26 Business

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

This permit will expire at midnight on November 4, 19 94.

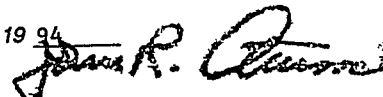
This permit is issued under the provisions of Title 25, Chapter 317, Section 2448.

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

Dated the 5th day of May A.D. 19 94

FEE \$ 200.00/200.00

\*SPRINKLED

  
Commissioner - Public Safety



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

Mitchell and Associates  
Applicant  
70 Center St. Portland, ME 04101  
Mailing Address  
Professional Medical offices  
Proposed Use of Site  
6.5 plus / 25,500  
Acreage of Site / Ground Floor Coverage  
Date July 27, 1993  
Address of Proposed Site  
1600 Congress St.  
Site Identifier(s) from Assessors Maps  
220-B-10 and 15  
Zoning of Proposed Site  
B-2  
Site Location Review (DEP) Required: ( ) Yes ( ) No  
Board of Appeals Action Required: ( ) Yes ( ) No  
Planning Board Action Required: ( ) Yes ( ) No  
Proposed Number of Floors 1  
Total Floor Area 25,500  
Other Comments: change/use + addition  
Date Dept. Review Due: 10-14-93 per B2G.

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

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

Explanation

- ☒ Use complies with Zoning Ordinance — Staff Review Below

Zoning:  
SPACE & BULK,  
as applicable

COMPLIES

COMPLIES  
CONDITIONALLY

DOES NOT  
COMPLY

DATE	ZONE LOCATION	INTERIOR CORNER LOT	40 FT. SETBACK (REC 21)	USE	SETBACK DISPOSITION	REAR YARDS	SCREENING	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS  
SPECIFIED  
BELOW

REASONS  
SPECIFIED  
BELOW

REASONS:

WDH 10-21-93

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL



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

**Mitchell and Associates** **July 27, 1993**  
Date

Applicant 10 Center St. Portland, ME 04101 1600 Congress St.  
Address of Proposed Site

Mailing Address Professional Medical offices 220 B-10 and 15  
Site Identifier(s) from Assessors Maps

Proposed Use of Site 6.5 plus 25,500 B-2  
Zoning of Proposed Site

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

Site Plan Review (if required): ( ) Yes ( ) No Proposed Number of Floors 1

Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area 25,500

Planning Board Action Required: ( ) Yes ( ) No

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

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

**FIRE DEPARTMENT REVIEW**

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

10-4-93

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

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

\_\_\_\_\_

\_\_\_\_\_

(Attach Separate Sheet if Necessary)

H. H. [Signature]  
SIGNATURE OF REVIEWING STAFF/DATE  
FIRE DEPARTMENT COPY



MINOR SITE PLAN  
CITY OF PORTLAND, MAINE

"SITE" PLAN REVIEW

Processing Form

*Planning Dept*

Mitchell and Associates July 27, 1993  
Applicant Date  
78 Center St. Portland, ME 04101 1600 Congress St.  
Mailing Address Address of Proposed Site  
Professional Medical offices 220, 3, 10 and 15  
Proposed Use of Site Site Identifier(s) from Assessors Maps  
6.5 plus / 25,500 3-2  
Acreage of Site / Ground Floor Coverage Zoning of Proposed Site  
Site Location Review (DEP) Required: ( ) Yes ( ) No Proposed Number of Floors 1  
Board of Appeals Action Required: ( ) Yes ( ) No Total Floor Area 25,500  
Planning Board Action Required: ( ) Yes ( ) No  
Other Comments: \_\_\_\_\_  
Date Dept. Review Due: \_\_\_\_\_

PLANNING DEPARTMENT REVIEW

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

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

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

CONDITIONS SPECIFIED BELOW

REASONS SPECIFIED BELOW

REASONS: 1. THAT A PERFORMANCE GUARANTEE BE SUBMITTED TO COVER THE  
SITE IMPROVEMENTS FOR STAFF REVIEW AND APPROVAL  
2. THAT A DRAINAGE MAINTENANCE AGREEMENT BE SUBMITTED FOR  
STAFF REVIEW AND APPROVAL

APPROVED BY PLANNING BOARD 9-28-93

(Attach Separate Sheet if Necessary)

*Richard Kimball* 10-14-93  
SIGNATURE OF REVIEWING STAFF/DATE

PLANNING DEPARTMENT COPY



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

Applicant Mitchell and Associates  
70 Center St. Portland, ME 04101  
 Mailing Address  
Professional Medical offices  
 Proposed Use of Site  
6.5 plus / 25,500  
 Acreage of Site / Ground Floor Coverage

Date July 27, 1993

Address 1600 Congress St.  
 Proposed Site  
 Site 220-B-10 and 15  
 Assessor(s) from Assessors Maps  
P-2  
 Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes ( ) No  
 Board of Appeals Action Required: ( ) Yes ( ) No  
 Planning Board Action Required: ( ) Yes ( ) No

Proposed Number of Floors 1  
 Total Floor Area 25,500

Other Comments: change use to addition

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

**PUBLIC WORKS DEPARTMENT REVIEW**

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

**APPROVED**

**APPROVED  
CONDITIONALLY**

**DISAPPROVED**

TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURF AC MOVEMENTS	LIGHTING	CONFLICT WITH CONSTRUCTION FOLDER	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**CONDITIONS  
SPECIFIED  
BELOW**

**REASONS  
SPECIFIED  
BELOW**

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

(Attach Separate Sheet if Necessary)

Nickerson/Kendall 10-18-93  
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY



CITY OF PORTLAND, MAINE  
PLANNING BOARD

Kenneth M. Cole III, Chair  
Jadine R. O'Brien, Vice Chair  
Joseph R. DeCoursey  
Irving Fisher  
Cyrus Hagga  
John H. Carroll  
Donna Williams

September 30, 1993

Mr. Richard McGoldrick  
1600 Congress Street Associates  
100 Silver Street  
Portland, ME 04101

RE: 1600 Congress Street Medical Office

Dear Mr. McGoldrick:

On September 28 the Portland Planning Board voted 7-0 on the following motions regarding a proposed medical office building at 1600 Congress Street.

1. That the plan be in conformance with the Site Plan Ordinance of the Land Use Code with the following conditions:
  - a. that an executed drainage maintenance agreement with guarantee account in substantially the form of Attachment D (from Planning staff memo dated 09-28-93 be submitted prior to the issuance of a building permit.
  - b. the hours of rubbish removal from the site shall be limited from 7:00 a.m. to 8:00 p.m.
  - c. that note 16 (fourth sentence) on sheet 2 of the site plan shall be revised to read:

The applicant's design engineer shall inspect all down gradient areas after each significant storm event (storms in excess of the 2 year event), and shall notify in writing the owner and the City of Portland Planning Department of the results of the inspection and of any areas of channelized stormwater runoff or erosion related problems.

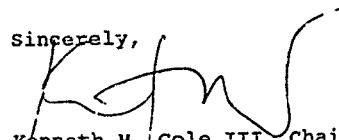
2. That the plan is in conformance with the Shoreland Regulations of the Land Use Code.

The approval is based on the submitted site plan and the findings related to site plan review standards as contained in Planning Report #32-93, which is attached. A performance guarantee covering the site improvements as well as an inspection fee payment of 1.7% of the guarantee amount and 7 final sets of plans must be submitted to and approved by the Planning Division and Public Works prior to the release of the building permit. If you need to make any modifications to the approved site plan, you must submit a revised site plan for staff review and approval. The site plan approval will be deemed to have expired unless work in the development has commenced within one (1) year of the approval or within a time period agreed upon in writing by the City and the applicant. Requests to extend approvals must be received before the expiration date.



If there are any questions, please contact the Planning staff.

Sincerely,

  
Kenneth M. Cole III, Chair  
Portland Planning Board

cc: Joseph E. Gray, Jr., Director of Planning and Urban Development  
Alexander Jaegerman, Chief Planner  
Richard Knowland, Senior Planner  
P. Samuel Hoiffes, Chief of Building Inspections  
William C. iroux, Zoning Administrator  
George Flaherty, Director of Parks and Public Works  
John Rague, Principal Engineer  
Melodie Esterberg PE, Project Engineer  
William Bray, Deputy Director of Parks and Public Works  
Jeff Tarling, City Arborist  
Paul Niehoff, Materials Engineer  
Natalie Burns, Associate Corporation Counsel  
Lt. Gaylen McDougall, Fire Prevention  
Louise Chase, Building Permit Secretary  
Approval Letter File  
John Mitchell, Mitchell and Associates, The Staples Building  
70 Center Street, Portland, Maine 04101  
Mark Gray, BH2M, 28 State Street, Gorham, ME 04038  
Michael Nachez, Vice President, Construction Summary  
734 Chestnut Street, Manchester, NH 03104



**MITCHELL & ASSOCIATES**  
LANDSCAPE ARCHITECTS

July 27, 1993

Portland Planning Board  
City of Portland  
389 Congress Street  
Portland, Maine 04101

RE: 1600 CONGRESS STREET

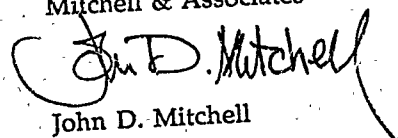
Dear Planning Board Members:

On behalf of 1600 Congress Street Associates, Mitchell & Associates is pleased to submit this application for Sketch Plan approval for the conversion of 1600 Congress Street to professional medical offices. The project is located on the west side of Congress Street at the intersection with Frost Street. The existing structure and site was formerly used by Portland Litho and Humboldt National Graphics, Inc.

The attached sketch plan addresses the information required by Article 5, Section 14-525 of the Portland Land Use Ordinance. Presently, there is an existing 25,500 square foot one story brick building with associated pavement for parking and service. The proposed use includes renovation and conversion of the existing structure to professional medical offices. The major site improvements include expansion of the paved area to accommodate 154 parking spaces, a second curb cut onto Congress Street, storm drainage system, fire sprinkler service, underground electric and telephone service, site lighting and new landscaping.

We trust that the information provided at this time for Sketch Plan is sufficient for discussion at your next scheduled workshop session on August 10, 1993. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,  
Mitchell & Associates

  
John D. Mitchell

Enclosure







## ELECTRICAL INSTALLATIONS—

Permit Number 3374

Location Lead Canyon

Owner Lawrence L. H.

Date of Permit: 3-30-79

Final Inspection 3-24-99

By Instructor Steve Beatty

Permit Application Regular-Page No. 56672

\_\_\_\_\_

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13

8

by \_\_\_\_\_  
by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34

7-

- 2

3

NS:

Service  
service  
closing  
CTIO

ISPE

## CONCLUSIONS

# LECTURE 1

INSP  
PRO

1

1000

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_

Service called in \_\_\_\_\_

Closing-in 3-29-94 by YB

PROGRESS INSPECTIONS: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

---

**DATE:**

REMARKS:

[illegible]



Inspection Services  
Samuel P. Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

October 22, 1993

CITY OF PORTLAND

RE: 1600 Congress St.

Benchmack  
4 Belfield Rd.  
Cape Elizabeth, ME 04107

Dear Sir:

Your application to construct a 150' X 32' addition and a change of use from printing facility to medical offices, has been reviewed and a permit is herewith issued subject to the following requirements:

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

Site Plan Review Requirements

Fire Department Approved LT. McDougall  
Inspection Services Approved William Giroux  
Public Works Approved Richard Knowland  
Planning Division 1. That a performance guarantee be submitted to cover the site improvements for staff review and approval. 2. That a drainage maintenance agreement be submitted for staff review and approval 3. Knowland

Building & Fire Code Requirements

1. Sprinkler work must be approved by the State Fire Marshall.
2. Portable fire extinguishers shall be provided as per N.F.P.A. 10.
3. All exit signs, lights, and means of egress lighting shall be done in accordance with Article 8 sections 2 and subsections 822 and 823 of the City's building code. (The BOCA National Building Code/1: 0)
4. This permit is being issued with the understanding that a complete set of plans bearing the seal and signature of a registered architect or engineer must be submitted and approved within thirty(30) day of this date, October 21, 1993.

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

Sincerely,

P. Samuel Hoffses  
Chief of Inspection Services

/el

cc: LT. Gaylen McDougall, Fire Prevention Bureau  
Rick Knowland, Senior Planner  
William Giroux, Zoning Administrator



940363

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

Owner: 146 Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_  
**LOCATION OF CONSTRUCTION**  
 Contractor: \_\_\_\_\_ Sub: \_\_\_\_\_  
 P.O. # \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \_\_\_\_\_ Proposed Use: \_\_\_\_\_  
 Past Use: \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bed. rooms \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion \_\_\_\_\_

**For Official Use Only** **PERMIT ISSUED**  
 Date \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Lot \_\_\_\_\_  
 Time Limit \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_ Private \_\_\_\_\_  
**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 \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_

**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 Ceiling: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

**Roof:**  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action: \_\_\_\_\_  
 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: \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

**Permit Received By:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ Date: 3-1-64

**CEO's District:** \_\_\_\_\_ as agent for owner

**CONTINUED TO REVERSE SIDE**

**Ivory Tag - CEO** 147 174 Carroll

White - Tax Assessor



# PLOT PLAN



*Done w/out map*

## FEES (Breakdown From Front)

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

SIGNATURE OF APPLICANT

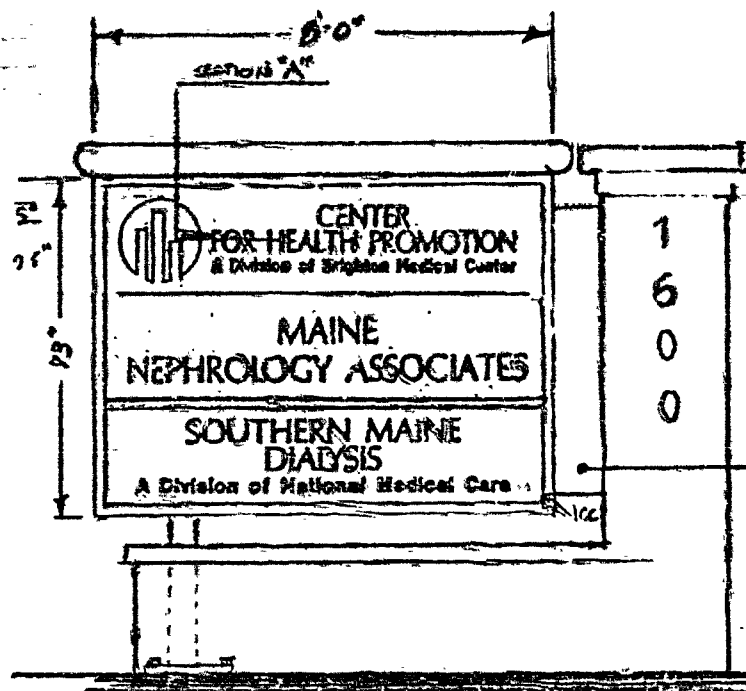
ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.





6'x8' ALUM. Pylon

8-12" HIGH OUTPUT FLUORESCENTS

2-240V BALLASTS

CHARCOAL VINYL BKGND

WHITE COPY

DK GRAY CABINET & DIVIDER BARS

RED REVEAL

REVEAL DEPTH  
TO BE DETERMINED

1600 TO BE 6" OPTIMA EOD  
DK GRAY

U.L. #AW978975

