PERMIT ISSUED
DEC 27 1991
CITY OF PORTLAND

APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, 12/23/91

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 91/2297 *pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:*

Location 1601 Congress St. Within Fire Limits? _____ Dist. No. _____

Owner's name and address O G H Realty; 1601 Congress-Fcld Telephone _____

Lessee's name and address _____ Telephone _____

Contractor's name and address Ledgewood Inc Telephone _____

Architect Box 9107 - Ptld, ME 04104 Plans filed _____ No. of sheets _____

Proposed use of building office space. medical - third level (fdront) No. families _____

Last use professional bldg No. families _____

Increased cost of work n/a Additional fee $ 25

Description of Proposed Work

Tenant fit-up - third level, front

HISTORIC PRESERVATION
— Not in District nor Landmark.
— Does not require review.
— Requires Review.
Action: — Approved.
— Approved with Conditions.
— Denied.
Date.
Signature:

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____

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 _____

Material of underpinning _____ Height _____ Thickness _____

Kind of roof _____ Rise per foot _____ Roof covering _____

No. of chimneys _____ Material of chimneys _____ of lining _____

Framing lumber — Kind _____ Dressed or full size? _____

Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____

Girders _____ Size _____ 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.

Joints and rafters:	1st floor _____,	2nd _____,	3rd _____,	roof _____
On centers:	1st floor _____,	2nd _____,	3rd _____,	roof _____
Maximum span:	1st floor _____,	2nd _____,	3rd _____,	roof _____

Approved: _____ *Signature of Owner* _____

Approved: _____ Inspector of Buildings

INSPECTION COPY — WHITE FILE COPY — PINK
APPLICANT'S COPY — YELLOW ASSESSOR'S COPY — GOLDEN

4 M.B. Carroll

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 12/17/91, 19__
Receipt and Permit number 3374

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: 1601 Congress St.

OWNER'S NAME: ME Orthoped. Assoc ADDRESS: _____

	FEES
OUTLETS:	
Receptacles 50 Switches 10 Plugmold _____ ft. TOTAL 60	12.00
FIXTURES: (number of)	
Incandescent 32 Flourescent 41 (not strip) TOTAL 73	14.60
Strip Flourescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	

Ranges	_____	Water Heaters	_____
Cook Tops	_____	Disposals	_____
Wall Ovens	_____	Dishwashers	_____
Dryers	_____	Compactors	_____
Fans	_____	Others (denote)	_____
TOTAL _____			

MISCELLANEOUS: (number of)	
Branch Panels 1	4.00
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 1	15.00
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 1	1.00
Emergency Generators _____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	46.60

INSPECTION:

Will be ready on now, 19__; or Will Call _____

CONTRACTOR'S NAME: E S Boulos Elect

ADDRESS: 28 Foden Rd - So Ptld

TEL.: 772-3706

MASTER LICENSE NO.: Wm Scanton #03374 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 3374

Owner Miss Orthopaedic Assoc.

Location 1601 Congress

Date of Permit 12-17-91

Final Inspection 12-19-91

By Inspector [signature]

Permit Application Register Page No. 119

INSPECTIONS: Service ________ by ________

Service called in ________

Closing-in 12-19-91 by SB

PROGRESS INSPECTIONS: ____ / ____ / ____

DATE:	REMARKS:

CITY OF PORTLAND, MAINE

Department of Building Inspection

Certificate of Occupancy

LOCATION 1601 Congress St.

Issued to Maine Orthopaedic Associates Date of Issue 2/4/92

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. 91/2297 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 structure	Medical office building

Limiting Conditions:

Second (top) floor, west half, remains vacant and unfinished. The owner is required to apply for required permits prior to further work on this area

This certificate supersedes certificate issued

Approved:

2/3/92 (Date) — Inspector

Inspector of Buildings

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

912297

Permit # _____ City of Portland **BUILDING PERMIT APPLICATION** Fee $520. Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form. Major site plan $350. 11/17/90

Owner: Maine Orthopaedic Assoc Phone # _____

Address: 48 Gilman St; Ptld, ME 04102

LOCATION OF CONSTRUCTION Street (1601 Congress St.)

Contractor: Lefthwood Inc. Sub- 7788841

Address: P O Box 3107; Ptld, ME Phone # 04104

Est. Construction Cost: 1.3 million Proposed Use: medical office bld

Past Use: vacant lot

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L 122 W 54 Total Sq. Ft. _____

Stories: 3 # Bedrooms _____ Lot Size: 1.39 acres

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Construct medical office building

For Official Use Only

Date 11/15/90 Subdivision: PERMIT ISSUED

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Ownership: JAN 30 1991

Estimated Cost 1.3 million Private

City Of Portland

Zoning: R-P

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) _____

OK to I - 11-19-90

MAJOR SITE PLAN XIII 11/16/90

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type t&g - CDX

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.

HISTORIC PRESERVATION

Not in District nor Landmark.

Does not require review.

Requires Review.

Action: Approved ✓

Approved with Conditions

Denied

Date: 11/19/90

Signature: [illegible]

Permit Received By: Louise E. Chase

Signature of Applicant _____ Date _____

Signature of CEO _____ Date _____

PERMIT ISSUED WITH LETTER

Inspection Dates _____

White-Tax Assessor Yellow-GPCOG White Tag-CEO

Kathy Gagne K Carroll 157 Mrs. Lowe

PLOT PLAN

N

FEES (Breakdown From Front)

Base Fee $ 6520
Subdivision Fee $
Site Plan Review Fee $ 350 - pd 11/16/90
Other Fees $
(Explain)
Late Fee $

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS 20/NOV/90 Foundation Permit issued on different permit.
Cut of Note in Journal
Send C of O - use "Medical Office Bldg"
Entire Structure
Condition: 2nd (top) floor, West half remains vacant and unfinished.
The owner is required to apply for required permits prior
to further work on the area

Signature of Applicant [signature] Date 11/15/90

FIRE ALARM ACCEPTANCE REPORT

GENERAL

Address: 1601 Congress St., Portland, Maine
Owner: OGH Realty
Owners Address: 1601 Congress St., Portland, ME
Floors Protected: Three

EQUIPMENT INVENTORY Added Equipment

Equipment Brand: Gamewell
Number of Smoke Detectors:
Type of Smoke Detectors; Ionization: Photo Elec: 1
Number of Rate-of Rise Detectors:
Number of Fixed Temp Heat Detectors:
Number of Manual Pull Station: 2
Number of Sounding Devices:
Type of Sounding Devices; Horn Horn Light: 1 Bell: Speaker Chimes
Prerecorded Tape Message:

AUXILLARY EQUIPMENT

Number of Master Boxes:
Fan shut-down; Yes: No:
Door holders; Yes: No Number:
Sprinkler Activation Yes No:
Fire Fighters Telephone; Yes No
Voice Communications; Yes No
Remote Annunciators; Yes: No
Door Lock Control; Yes: No
Elevator Control; Yes No

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
Have any devices been "T" tapped? Yes No X
Are back boxes provided for all devices: Yes X No

TEST RESULTS

Was a complete test conducted on this sytem 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 sytem in compliance with NFPA 72A standards: Yes: X No:

Signature of Installing Contractor: Thomas M. Driscoll
Date: 2/30/31

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

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

January 29, 1991

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

Re: 1601 Congress St., Portland, ME

Dear Sir:

Your application to construct a medical office building B-5A has been reviewed and a permit is herewith issued subject to the following requirement(s):

No certificate of occupancy can be issued until all requirements of this letter are met.

Site Plan Review Requirements

All requirements stated on permit issued on Nov. 21, 1990 must be completed before a certificate of occupancy can be issued. (foundation only)

Building & Fire Code Requirements

1. The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

2. All electrical wiring shall comply with the City of Portland Electrical Code.

3. Any installation of glass or other transparent, translucent or opaque glazing material which is installed at a slope of 15 degrees or more from the vertical plane, including skylights, roofs and sloped walls, shall comply with Section 2204.0 of the 91 BOCA National Building Code.

4. Handrails & Guardrails - Handrail-gripping surfaces shall be continous without interuption by newel post, other structures, elements or obstructions. A handrail and any wall or other surface adjacent to the handrail shall be free of any sharp or abrasive elements.

The clear space between the handrail and the adjacent wall or surface shall not be less than 1 1/2 inches. Height shall not be less than 34 inches nor more than 38 inches. In building of use Group B open guards shall have balisters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening.

5. Earthquake loads - Every building and structure and portion thereof shall be designed and constructed to resist the earthquake effects determined in accordance with Section 1113 of the Building Code. Where wind loads requirements of Section 1112.0 would produce higher stresses such stresses shall be used in lieu of the stresses resulting from earthquake faces.

6. Separation of storage & laundry areas of basement level from the rest of the occupancy shall be of 1 hr fire resistance rating in accordance with Section 26-3.2 of the N.F.P.A. 101 Life Safety Code.

7. Stairs, rails and guards shall be in accordance with Section 5-2.2.

8. The fire alarm system shall be in accordance with Section 7-6 and must be reviewed by separate building permit. Permit for system layout and by electrical permit for wiring type, etc.

   If the F.A.C.P. is placed or shown on Plan E-4, a remote annunciator shall be located at the main entrance to the building and shall have both audible and visible trouble indicators as well as zone indicators. The F.A.C.P. shall have zone disconnect switches or an approved keypad function.

9. Emergency lighting and marking of the means of egress shall be in accordance with Section 5-9 and 5-10.

10. Portable fire extinguishers shall be provided in accordance with N.F.P.A. #10.

If you have any questions regarding these requirement(s), please do not hesitate to contact this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: Paul Niehoff, P.W.P.
Steve Harris, P.W.P.
Lt. Garroway, P.F.D.
Sarah Greene, Planning

PSH/dla

Planning Dept
Sarah Hillens

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Maine Orthopaedic Assoc
Applicant

1601 Congress St 11/15/90
Date

~~Front St. (at 2 lots)~~ Congress St)
Address of Proposed Site

~~68 Gilman St; Ptld, ME 04102~~
Mailing Address

~~Medical office building~~
Proposed Use of Site

~~11.89 acres / 122' x 54'~~
Acreage of Site / Ground Floor Coverage

-1601 Congress
(1-29-17)
Site Identifier(s) from Assessors Maps

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
Total Floor Area

Other Comments: Contact person: Hillia Bridges (Lakewood) - 775-3741

Date Dept. Review Due: - Site plans have already been circulated by Planning Dept. per S. Greene

MAJOR SITE PLAN REVIEW

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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
APPROVED CONDITIONALLY												✓	CONDITIONS SPECIFIED BELOW
DISAPPROVED													REASONS SPECIFIED BELOW

REASONS: That a contract be entered into for the maintenance of the pollution mitigation device. This contract shall be accepted & be compensation Council and stipulate cleaning of the device twice a year.

(Attach Separate Sheet if Necessary)

* Stamped approved plans - already submitted, circulated. - SG

11/19/90
SIGNATURE OF REVIEWING STAFF/DATE PBapp July 31, 1990

PLANNING DEPARTMENT COPY

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Maine Orthopaedic Assoc
Applicant

11/16/90
Date

48 Gilman St; Ptld, ME 04102
Mailing Address

~~Frost St.~~ (~~or~~ 160 Congress St)
Address of Proposed Site

Medical office building
Proposed Use of Site

Site Identifier(s) from Assessors Maps

11.8± acres; 122'x 54'
Acreage of Site / Ground Floor Coverage

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
Total Floor Area

Other Comments: Contact person: William Bridges (Ledgewood) - 775-0741

Date Dept. Review Due: - Site plans have already been circulated by Planning Dept. per S. Greene

MAJOR SITE PLAN REVIEW

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

- construction plans under front of desk

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

Explanation

☑ Use complies with Zoning Ordinance — Staff Review Below

Zoning: SPACE & BULK, as applicable

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

REASONS: OK w/ cond'n — 11-19-90

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

Steve Harris

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Maine Orthopaedic Assoc
Applicant

48 Gilman St; Ptld, ME 04102
Mailing Address

11/15/90
Date

Medical office building
Proposed Use of Site

Frost St. (or 2>1600 Congress St)
Address of Proposed Site

11.34 acres / 122'x 54'
Acreage of Site / Ground Floor Coverage

Site Identifier(s) from Assessors Maps

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

Total Floor Area

Other Comments: Contact person: Jim Bridges (Ledgewood) - 775-0741

Date Dept. Review Due: - Site plans have already been circulated by Planning Dept. per S. Freeman

MAJOR SITE PLAN REVIEW

PUBLIC WORKS DEPARTMENT REVIEW

(Date Received)

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

REASONS:

(Attach Separate Sheet if Necessary)

Stephen G. Harris 11/16/90
SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

CITY OF PORTLAND, MAINE
SITE PLAN REVIEW
Processing Form

Maine Orthopaedic Assoc
Applicant

49 Gilman St; Ptld, ME 04102
Mailing Address

Medical office building
Proposed Use of Site

11.80 acres / 122' x 54'
Acreage of Site / Ground Floor Coverage

11/15/90
Date

~~[illegible]~~ (or 1530 Congress St)
Address of Proposed Site

Site Identifier(s) from Assessors Maps

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

Total Floor Area

Other Comments: Contact person: William Bridges (Ledgewood) - 773-3741

Date Dept. Review Due: -- Site plans have already been circulated by Planning Dept. per S. Greene

MAJOR SITE PLAN REVIEW

FIRE DEPARTMENT REVIEW

(Date Received)

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

REASONS:

(Attach Separate Sheet if Necessary)

GPCOG 1987

William [illegible], Lt. 11-19-90
SIGNATURE OF REVIEWING STAFF DATE

FIRE DEPARTMENT COPY

Planning & Urban Development

Joseph E. Gray Jr.
Director

CITY OF PORTLAND

April 8, 1991

Mr. John Gutwin
Mitchell & Associates
The Staples School
70 Center Street
Portland, ME 04101

1601 Congress

Re: Maine Orthopaedic Center

Dear Mr. Gutwin:

This letter is to confirm the revision to the approved site plan of the Maine Orthopaedic project located at the intersection of Frost and Congress Streets. The approved revision includes 5 additional parking spaces and landscaping. The revised plan has been reviewed and approved by the project review staff including representatives of the Planning, Public Works, Building Inspections, Fire and Parks Departments.

If you have any questions regarding the revision, please contact the Planning staff at 874-8300, ext. 8720.

Sincerely,

Joseph E. Gray, Jr.,
Director of Planning and Urban Development

JEG:dm

cc: Alexander Jaegerman, Chief Planner
Sarah Greene, Senior Planner
Steve Harris, Planning Engineer
P. Samuel Hoffses, Chief, Building Inspections
Jeff Tarling, City Arborist
Lt. Wallace Garroway, Fire Prevention
Natalie Burns, Associate Corporation Counsel
Approval Letter File

OFFICE OF STATE FIRE MARSHAL

317 State Street
State House Station #52
Augusta, ME 04333
(207) 289-FIRE
FAX (207) 289-5163

April 17, 1991

Maine Orthopedic Center
1601 Congress Street
Portland, Maine 04101

1601 Congress

RE. **Maine Orthopedic Center - Portland, Maine**

Dear Sir:

After reviewing your plans submitted to this office, I find they are in compliance with the existing requirements of the Life Safety Code and will be considered for approval on submission of complete plans and specifications. **CONSTRUCTION SHALL NOT BEGIN UNTIL PERMIT IS ISSUED.**

If I may be of further assistance to you in this matter, please do not hesitate to contact this office.

Yours for better fire protection,

Donna L. Emerson (map)

DONNA L. EMERSON, ASSISTANT
Fire Protection Specialist

DLE:map
cc:Anne Callendar, Whipple-Callendar Architects

March 6, 1991

Mr. Samuel P. Hoffses
Inspection Services
City of Portland
389 Congress Street
Portland, Maine 04101

RE: Maine Orthopaedic Center, 1601 Congress Street, Portland, ME

Dear Sam:

Attached please find the letter from the architect for the above mentioned project.

This letter should satisfy item #1 in your building permit conditions letter dated January 29, 1991. All other remaining conditions will be addressed by the architect during final design in the event that they have not already been designed.

Thank you for your attention in this matter.

Sincerely,

Bill

William J. Bridges
Manager of Projects

WJB/dcc

Enclosure

cc: Anne Callender, Whipple-Callender Architects
Sean Hanley, Maine Orthopaedic Center

Mrs. Lock
Please ATTACHED
To permit - H

RECEIVED
MAR 7 1991
DEPT OF BUILDING INSP.
CITY OF PORTLAND

P.O. BOX 8107 • PORTLAND, MAINE 04104 • (207) 775-0741

LEDGEWOOD, INC.

JOHN WHIPPLE ARCHITECT [illegible]

March 4, 1991

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

Re: Letter dated Jan. 29, 1991 from City of Portland

Dear Bill:

This letter is to certify that we have designed Maine Orthopaedic Center at 1601 Congress Street to meet Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A.
Facilities shall meet the requirements of the following 4 parts of the standards of construction:

1. 4.3 accessible routes
2. 4.13 doors
3. 4.17 toilet stalls
4. 4.27.3 tactile warnings on doors to hazardous areas

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

Sincerely,

Anne Callend

Anne Callender

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT ISSUED

No. NOV 21 1980

City Of Portland

Please Read Application And Notes, If Any, Attached

PERMIT

This is to certify that Ledgewood Inc.

has permission to construct medical office building (Foundation only)

AT ~~Frost St.~~ 1601 (Congress St)

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification for inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

PERMIT ISSUED WITH LETTER

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

~~Director~~ Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

K Lowe

Bill Bridges

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

775-0741
767-1866

1600 Congress (Frost)

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

November 21, 1990

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

Re: 160[illegible] Congress St. or Corner of Frost/Congress

Dear Sir:

Your application to construct a medical office building (FOUNDATION ONLY) 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

Inspection Services - Approved - W. Giroux
Public Works - Approved - S. Harris
Fire Dept. - Approved - Lt. Garroway
Planning Dept. - that a contract be entered into for the maintenance of the pollution mitigation device. This contract shall be found acceptable to Corporation Counsel and stipulate cleaning of the device twice a year.

Building Code Requirements

1. This permit is for foundation only, but all requirements with this permit shall carry forward with the forthcoming permit.

2. Cold weather protection must be observed for all concrete.

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

Sincerely,

P. Samuel Hoffses; Chief of Inspection Services

cc: S. Harris - PPW
P. Niehoff
S. Greene - Planning
W. Giroux - Zoning

lec

PERMIT # _____ CITY OF _____ BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: MAINE ORTHOPAEDIC ASSOC.

Address: 48 GILMAN ST.

LOCATION OF CONSTRUCTION ~~FOSS ST.~~ (160 Congress)

CONTRACTOR: LEDGEWOOD, INC. SUBCONTRACTORS: _____

ADDRESS: P.O. BOX 8107 PORTLAND, ME.

Est. Construction Cost: 1.3 MIL Type of Use: MEDICAL OFFICES

Past Use: NEW CONSTRUCTION

Building Dimensions L 122 W 54 Sq. Ft. 6600 # Stories: 3 Lot Size: 11.89 ACRES

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment

_____ Conversion - Explain _____

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

Of Dwelling Units _____ # Of New Dwelling Units _____

Foundation:

1. Type of Soil: CLAY
2. Set Backs - Front SEE PLAN Rear _____ Side(s) _____
3. Footings Size: SEE PLAN
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____
2. Girder Size: VARIOUS STRUCTURAL STEEL Sills must be anchored.
3. Lally Column Spacing: VARIES Size: _____
4. Joists Size: STEEL BAR JOIST Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: CONCRETE Size: 2 1/2"
7. Other Material: _____

Exterior Walls:

1. Studding Size 6" METAL Spacing VARIES
2. No. windows SEE PLAN
3. No. Doors _____
4. Header Sizes _____
5. Bracing: Yes _____ No. _____ Span(s) _____
6. Corner Posts Size _____
7. Insulation Type BATT Size 6"
8. Sheathing Type PLYWOOD Size 5/8"
9. Siding Type WOOD SHINGLES Weather Exposure VARIES
10. Masonry Materials 4" SPLIT FACED VENEER
11. Metal Materials _____

Interior Walls:

1. Studding Size 3 1/2"/6" Spacing _____
2. Header Sizes VARIES Span(s) SEE PLAN
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only

Date _____ Subdivision: Yes / No

Inside Fire Limits _____ Name _____

Bldg Code _____ Lot _____

Time Limit _____ Block _____

Estimated Cost _____ Permit Expiration: _____

Value/Structure _____ Ownership: _____ Public

Fee _____ _____ Private

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: ACOUSTICAL
4. Insulation Type _____ Size _____
5. Ceiling Height: 8'-0" ±

Roof:

1. Truss or Rafter Size VARIES Span SEE PLAN
2. Sheathing Type PLYWOOD Size 5/8"
3. Roof Covering Type _____
4. Other _____

Chimneys:

Type: — Number of Fire Places —

Heating:

Type of Heat: WATER SOURCE HEAT PUMP

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: NO
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:

District _____ Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Mgmt. _____ Special Exception _____

Other _____ (Explain) _____

Date Approved _____

Permit Received By _____

Signature of Applicant _____ Date _____

LEDGEWOOD, INC.

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	1601 CONGRESS STREET

PROPERTY OWNERS NAME

O.G.H. REALTY
Last: First:

Applicant Name:	KELLEY ASSOCIATES, INC.
Mailing Address of Owner/Applicant (If Different)	P.O. BOX 1310 WESTBROOK, ME 04098

PORTLAND Inspector 4379 TOWN COPY
Date Permit Issued 1/2/92 $ 16.12 FEE ☐ If Double Fee Charged
Local Plumbing Inspector Signature L.P.I. # 0,1,2,4

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 12-30-91 Date

Caution: Inspection Required

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

R. Carroll
Local Plumbing Inspector Signature

4/24/92
Date Approved

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 MEDICAL OFFICES

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 # MS0007993

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
1 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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
1 PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
1 Number of Hook-Ups & Relocations		Other:		Water Heater
$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			2	Total Fixtures
			$ 6.	Fixture Fee
			$ 0.	Hook-Up & Relocation Fee
			$ 6.12	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	1601 CONGRESS STREET

PROPERTY OWNERS NAME

O.G.B. REALTY
Last: First:

Applicant Name:	KELLEY ASSOCIATES, INC.
Mailing Address of Owner/Applicant (If Different)	P.O. BOX 1310 PORTLAND, ME 04098

PORTLAND 4372 TOWN COPY

Date Permit Issued: 12/20/91 $ 115.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 0124

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 12-18-91 Date

Caution: Inspection Required

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

K. Carroll — Local Plumbing Inspector Signature

4/24/92 Date Approved

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 MEDICAL OFFICES

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 # MS00007993

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number	Column 2 Type of Fixture	Column 1 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.		Hoseblbb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
	OR		Drinking Fountain	2	Wash Basin
	HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION, of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Number of Hook-Ups & Relocations		Other:		Water Heater
$ Ø.	Hook-Up & Relocation Fee	Ø	Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
				Ø	Fixtures (Subtotal) Column 2
				5	Total Fixtures
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			$ 15.	Fixture Fee
				$ Ø.	Hook-Up & Relocation Fee
				$ 15.	Permit Fee (Total)

TOWN COPY

930351

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

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

Owner: O G H Realty Phone # 767-1866

Address: 1601 Congress St- Ptld, ME 04102

LOCATION OF CONSTRUCTION 1601 Congress St- second floor

Contractor: Ledgwood Inc Sub.: 767-1866

Address: Box 8107 - Ptld, ME Phone # 04104

Est. Construction Cost: 95,000 Proposed Use: medical office bldg /dental w intr reno

Past Use: medical office bldg

# 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 - (Dr. David Kerr) D.D.S.

For Official Use Only

Date 5/4/93

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost 95,000

Subdivision: _____ Name _____ Lot _____

Ownership: Public _____ Private _____

MAY 11 1993

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) _____

WDH 5-7-93

HISTORIC PRESERVATION

~~Not in District nor Landmark~~

~~Does not require review.~~

~~Requires Review~~

~~Approved~~

~~Approved with Conditions~~

~~Denied~~

Date: 5-6-93

Signature: PEMayo

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof:

1. Truss or Rafter Size _____ Spacing _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of 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 ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Permit Received By Louise E. Chase

Signature of Applicant Scott Cristina Date 5/4/93

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date XX 5/17/93 19
Receipt and Permit number 3374

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: 1601 Congress St. - 2nd fl

OWNER'S NAME: Dr. David Kerr ADDRESS:

		FEES
OUTLETS:		
Receptacles 44 Switches 27 Plugmold ____ ft. TOTAL 71		14.20
FIXTURES: (number of)		
Incandescent 12 Flourescent 34 (not strip) TOTAL 46		9.20
Strip Flourescent ____ ft.		
SERVICES:		
Overhead ____ Underground ____ Temporary ____ TOTAL amperes ____		
METERS: (number of) ____		
MOTORS: (number of)		
Fractional ____		
1 HP or over ____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) ____		
Electric (number of rooms) ____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) ____		
Oil or Gas (by separate units) ____		
Electric Under 20 kws ____ Over 20 kws ____		
APPLIANCES: (number of)		
Ranges ____ Water Heaters ____		
Cook Tops ____ Disposals ____		
Wall Ovens ____ Dishwashers ____		
Dryers ____ Compactors ____		
Fans ____ Others (denote) ____		
TOTAL ____		
MISCELLANEOUS: (number of)		
Branch Panels ____		4.00
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 X		15.00
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____		
over 30 amps ____		
Circus, Fairs, etc. ____		
Alterations to wires ____		
Repairs after fire ____		
Emergency Lights, battery ____		
Emergency Generators ____		
INSTALLATION FEE DUE:		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
TOTAL AMOUNT DUE:		42.40

INSPECTION:

Will be ready on 5/18- , 19 or Will Call ____

CONTRACTOR'S NAME: E S Boulos

ADDRESS: 28 Foden Rd So

TEL.: 772-3706

MASTER LICENSE NO.: Wm Swanton #0[illegible]

LIMITED LICENSE NO.: ____

SIGNATURE OF CONTRACTOR: [signature]

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 3374

Location 1600 Bayou

Owner — Pat Kirk

Date of Permit 5-17-93

Final Inspection 5-18-93

By Inspector

Permit Application Register Book No. Category

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 5-18-93 by BB

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:	REMARKS:

Permit # 940537 City of Portland BUILDING PERMIT APPLICATION Fee 195.00 Zone ____ Map # ____ Lot # ____

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

PERMIT ISSUED

JUN - 9 1994

CITY OF PORTLAND

Owner: Maine Orthopedic Center Phone # 774-0342

Address: 1601 Congress St Ptld, ME

LOCATION OF CONSTRUCTION 1601 Congress St (2nd fl)

Contractor: Ledgewood, Inc. Sub: ____

Address: P.O. Box 8107 Ptld, ME 04104 Phone # 767-1866

Est. Construction Cost: 35,000.00 Proposed Use: Prof Serv w/int reno

Past Use: Prof Services/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 Conversion Make Interior Renovations as per plans

For Official Use Only

Date 6 June 1994

Inside Fire Limits ____

Bldg Code ____

Time Limit ____

Estimated Cost ____

Subdivision: Name ____ Lot ____

Ownership: Public Private

Zoning: RP

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) ____

HISTORIC PRESERVATION

Not in District or Landmark.

Does not require review.

Requires Review.

Action: Approved.

Approved with Conditions.

Denied

Date: 6/7/94

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 Sizes ____ Span(s) ____
5. Bracing: Yes ____ No. ____
6. Corner Posts Size ____
7. Insulation Type ____ Size ____
8. Sheathing Type ____ Size ____
9. Siding Type ____
10. Masonry Materials ____
11. Metal Materials ____

Interior Walls:

1. Studding Size ____ Spacing ____
2. Header Sizes ____ Span(s) ____
3. Wall Covering Type ____
4. Fire Wall if required ____
5. Other Materials ____

Ceiling:

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

Roof:

1. Truss or Rafter Size ____ Span ____
2. Sheathing Type ____ Size ____
3. Roof Covering Type ____

Chimneys:

Type: ____ Number of Fire Places ____

Heating:

Type of Heat: ____

Electrical:

Service Entrance Size: ____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes ____ No ____
2. No. of Tubs or Showers ____
3. No. of Flushes ____
4. No. of Lavatories Use Group B Type 5A
5. No. of Other Fixtures ____

Swimming Pools:

1. Type ____
2. Pool Size: ____ Square Footage ____
3. Must Conform to Municipal Electrical Code and State Law.

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Permit Received By Mary Gresik

Signature of Applicant Tim Barthelmann Date 6 June 1994

CEO's District 4 Tim Barthelmann

CONTINUED TO REVERSE SIDE

4 MR Carroll

White - Tax Assessor

Ivory Tag - CEO

930351

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

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

MAY 1 1993

Owner: O G H Realty Phone # 767-1866

Address: 1601 Congress St- Ptld, ME 04102

LOCATION OF CONSTRUCTION 1601 CongresssSt- second floor

Contractor: Ledgewood Inc Sub: 767-1866

Address: Box 8107 - Ptld, ME Phone # 04104

Est. Construction Cost: 96,000 Proposed Use: medical office bldg /dental

Past Use: medical office

# of Existing Res. Units _____ # of New Res. Units bldg

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion interior renoaations - (Dr. David Kerr) D.M.D.

For Official Use Only

Date 5/4/93

Inside Fire Limits _____

Bldg Code _____

Type Limit _____

Estimated Cost 95,000

Subdivision _____

Lot _____

Ownership: _____ Public _____ Private

Zoning: I-B

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) _____ 5-7-93

HISTORIC PRESERVATION

Not in District or Landmark. Does not require review.

Approved

Approved with Conditions

Denied

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof

1. Truss or Rafter Size _____ Spacing _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat _____

Electrical:

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

Plumbing:

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

Swimming Pools:

1. Type: _____
2. Pool Size _____
3. Must conform to National Electrical Code Section 680

PERMIT ISSUED WITH LETTER

Permit Received By Louise E. Crase

Signature of Applicant _____ Date 5/4/93

Scott Cristina

Signature of CEO _____ Date _____

Inspection Dates _____

EP 4/12

White-Tax Assesor Yellow-GPCOG White T. g -CEO

PLOT PLAN

FEES (Breakdown From Front)

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

Inspection Record

Type	Date
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

COMMENTS

Signature of Applicant Scott W Smith Date 5/4/93

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

May 11, 1993

RE: 1601 Congress St. (Second Floor)

Ledgewood, Inc.
Box 8107
Portland, Maine 04104

Dear Sir:

Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requiremenhts:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. Means of egress shall have exit signs w/back-up.
2. Interior finishes shall be Class A or Class B
3. Laboratories that use chemicals shall comply with NFPA 45
4. The fire alarm system shall be extended to the new space
5. Portable fire extinguishers shall be provided in accordance w/NFPA 10

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 MacDougall, Fire Prevention Bureau

Permit # 40537 City of Portland BUILDING PERMIT APPLICATION Fee 195.00 Zone _____ Map # _____ Lot # _____

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

Owner: Maine Orthopedic Center Phone # 774-0342

Address: 1601 Congress St Prtld, ME

LOCATION OF CONSTRUCTION: 1601 Congress St (2nd fl)

Contractor: Ledgewood, Inc. Sub: _____

Address: P.O. Box 8107 Prtld, ME 04104 Phone # 767-1866

Est. Construction Cost: 35,000.00 Proposed Use: Prof Serv w/int reno

Past Use: Prof services/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 Conversion: Make Interior Renovations as per plans

For Official Use Only

Date: 6 June 1994

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: _____

Name: _____

Lot: _____

Ownership: _____ Public _____ Private

PERMIT ISSUED

JUN - 9 1994

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) _____

HISTORIC PRESERVATION

Not in district or landmark.

Does not require review.

Approved.

Approved with Conditions.

Denied.

Date: _____

Signature: _____

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 Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

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

Ceiling:

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

Roof:

1. Truss or Rafter Size _____ Spacing _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories use Group B Type sk
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: Diane Cresik

Signature of Applicant: [signature] Date 6 June 1994

CEO's District _____

PERMIT ISSUED WITH LETTER

PERMIT ISSUED [signature] Barthelmann

CONTINUED TO REVERSE SIDE

White - Tax Assessor

Ivory Tag - CEO

[4] M.R. Carroll

Work Completed as per plans

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

June 8, 1994

RE: 1601 Congress St., 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 applicable State and Federal laws.

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

Building & Fire Code Requirements

1. The fire alarm system shall be maintained to N.F.P.A. 72 standards.
2. Portable fire extinguishers shall be provided in accordance with N.F.P.A. #10.
3. All exit signs, lights and means of egress lighting shall be done in accordance with Chapter 10, section and subsections 1023. & 1024. of the City's building code. (The BOCA National Building Code/1993)
4. Area of refuge shall be provided.

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

Sincerely,

Samuel P. Hoffses

P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. Gaylen McDougal, Fire Prevention Bureau

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 16 May '94, 19__
Receipt and Permit number 3374

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 ST (2nd fl)

OWNER'S NAME: Maine Orthopedic assoc. ADDRESS: _____

	FEES
OUTLETS:	
Receptacles 30 Switches 4 Plugmold _____ ft. TOTAL _____	6.80
FIXTURES: (number of)	
Incandescent _____ Flourescent 20 (not strip) TOTAL _____	4.00
Strip Flourescent _____ ft.	
SERVICES:	
Overhead x Underground _____ Temporary _____ TOTAL amperes 100 ..	15.00
METERS: (number of) 1	1.00
MOTORS: (number of)	
Fractional 2	4.00
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 1	4.00
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 1	1.00
Emergency Generators _____	
INSTALLATION FEE DUE:	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	
TOTAL AMOUNT DUE:	35.80

INSPECTION:

Will be ready on _____, 19__; or Will Call xxx

CONTRACTOR'S NAME: Fischbach & Moore William Swanton

ADDRESS: 28 Foden Rd So. Ptld

TEL.: 772-3706

MASTER LICENSE NO.: _____

LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

Permit Number 2374

Location 1600 Congress

Owner M.O.A.

Date of Permit 5-16-94

Final Inspection 01-1545 NA

By Inspector [signature]

Permit Application Register Page No. computer

INSPECTIONS: Service ______ by ______

Service called in ______

Closing-in ______ by ______

PROGRESS INSPECTIONS: ______ / ______ / ______

DATE:	REMARKS:

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

Location of Construction: 1601 Congress St.	Owner: Maine Orthopaedics	Phone:	Permit No: 95/099
Owner Address: 1601 Congress St- Ptld,ME	Lessee/Buyer's Name: 04101	Phone:	BusinessName: PERMIT ISSUED
Contractor Name: Ledgewood Inc	Address: Box 8107 - Ptld, ME 04104	Phone: 767-1866	Permit Issued: FEB - 7 1995
Past Use: medical office b ig	Proposed Use: inter/exter XXXX repairs - after truck crash & fire	COST OF WORK: $ 10,000	PERMIT FEE: $70
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: B Type: 5A BOCA93 Signature:
			CITY OF PORTLAND
			Zone: R-P CBL:
			Zoning Approval: 2/1/95
Proposed Project Description: make interior/exterior repairs - restore to previous condition		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved ☐ Approved with Conditions. ☐ Denied ☐ Signature: Date:	Special Zone or Reviews: ☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision ☐ Site Plan maj ☐ mino ☐ mm ☐
Permit Taken By: L Chase	Date Applied For: 1/27/95		Zoning Appeal ☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied

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.

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

Action:
☐ Appoved
☐ Approved with Conditions
☐ Denied
Date: 1/31/95

CEO DISTRICT 4
Mr. Carroll

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.

Timothy A. Ledgewood — 1/27/95

SIGNATURE OF APPLICANT | ADDRESS: | DATE: | 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

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

Location of Construction: 1501 Congress St.	Owner: Maine Orthopaedics	Phone:	Permit No: $50000
Owner Address: 1501 Congress St- Ptld,ME	Lessee/Buyer's Name: 04101	Phone:	BusinessName:
Contractor Name: Hedgewood Inc	Address: Box 3107 @ Ptld, ME 04104	Phone: 797-1356	
Past Use: medical office bldg	Proposed Use: interior/exter R&M repairs - after truck crash & fire	COST OF WORK: $ 10,000	PERMIT FEE: $70
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	INSPECTION: Use Group: B Type: 5B BOCA93 Signature:

Proposed Project Description:

Make interior/exterior repairs - restore to previous condition

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved ☐ Approved with Conditions: ☐ Denied ☐

Signature: Date:

Permit Taken By: L Chase Date Applied For: 1/27/95

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..

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 ADDRESS: DATE: 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

PERMIT ISSUED

Permit Issued: FEB – 7 1995

CITY OF PORTLAND

Zone: R-P CBL:

Zoning Approval: 2/1/95

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐ 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:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: 1/31/95

CEO DISTRICT 4

COMMENTS

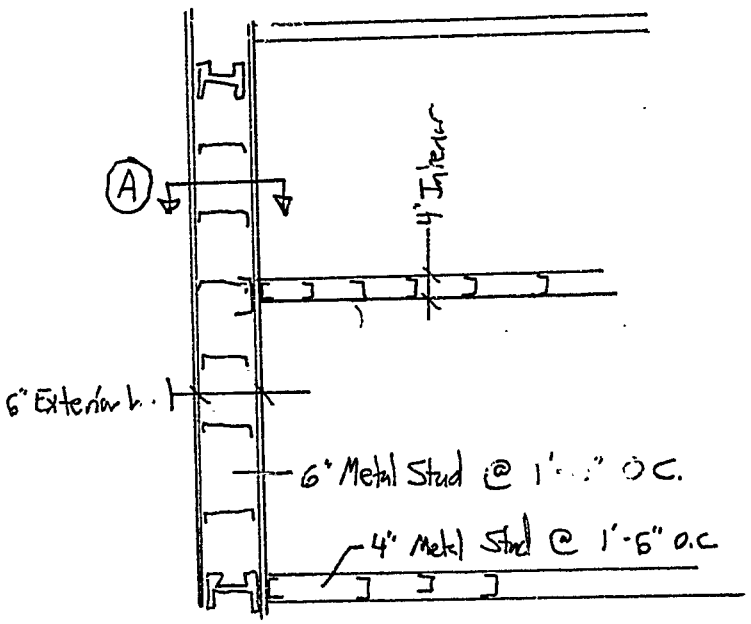
Done W/out Insp.

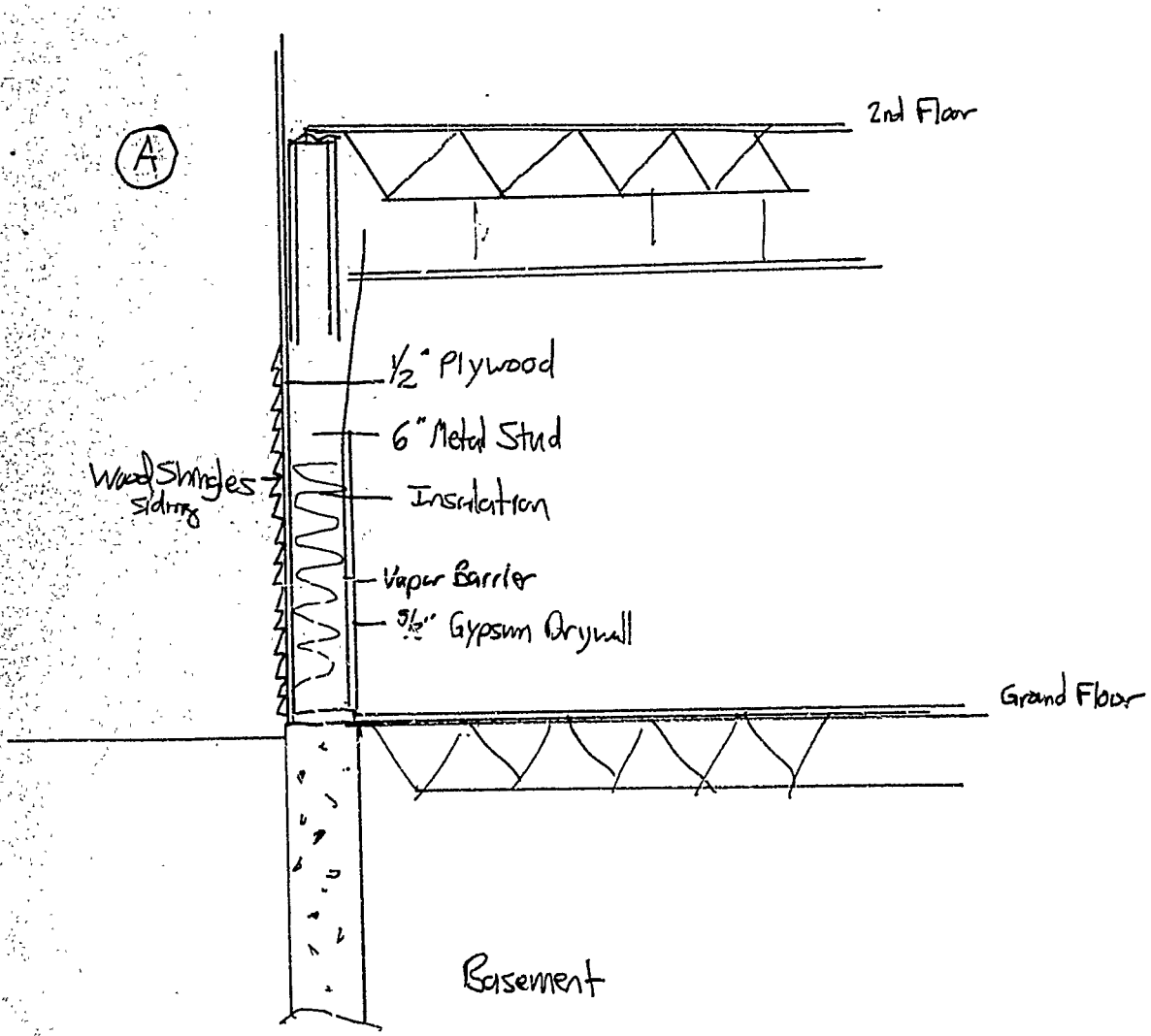
Inspection Record

Type	Date
Foundation:	
Framing:	
Plumbing:	
Final:	
Other:	

Maine Orthopeadics
1601 Congress St.
Portland, ME 04101

Reconstruction of existing exterior wall and interior partitions due to fire and pick up truck damage





PERMIT ISSUED
DEC 27 1991
CITY OF PORTLAND

APPLICATION FOR AMENDMENT TO PERMIT

Amendment No. 1

Portland, Maine, 12/23/91

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for amendment to Permit No. 91/2297 *pertaining to the building or structure comprised in the original application in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith, and the following specifications:*

Location 1601 Congress St. Within Fire Limits? _____ Dist. No. _____

Owner's name and address O G H Realty; 1601 Congress-Ptld Telephone _____

Lessee's name and address * Telephone _____

Contractor's name and address Ledgewood Inc Telephone _____

Architect Box 8107 - Ptld. ME 04104 Plans filed _____ No. of sheets _____

Proposed use of building medical office space - third level (front) No. families _____

Last use professional bldg No. families _____

Increased cost of work n/a Additional fee $ 25

Description of Proposed Work

Tenant fit-up - third level, front

HISTORIC PRESERVATION
— Not in District nor Landmark
— Does not require review.
— Requires Review.
Action: — Approved.
— Approved with Conditions.
— Denied.
Date: 12/27/91
Signature:

Details of New Work

Is any plumbing involved in this work? _____ Is any electrical work involved in this work? _____

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 _____

Material of underpinning _____ Height _____ Thickness _____

Kind of roof _____ Rise per foot _____ Roof covering _____

No. of chimneys _____ Material of chimneys _____ of lining _____

Framing lumber — Kind _____ Dressed or full size? _____

Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____

Girders _____ Size _____ 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.

Joints and rafters:	1st floor _____	2nd _____	3rd _____	roof _____
On centers:	1st floor _____	2nd _____	3rd _____	roof _____
Maximum span:	1st floor _____	2nd _____	3rd _____	roof _____

Approved: Wallace Kenway Jr. F.P.B.

Signature of Owner _____

Approved: _____
Inspector of Buildings

INSPECTION COPY — WHITE
APPLICANT'S COPY — YELLOW
FILE COPY — PINK
ASSESSOR'S COPY — GOLDEN

4 MR. Carroll

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

December 27, 1991

Ledgewood Inc.
Box 8107
Portland, ME 04104

Re: 1601 Congress St. (Third Level)

Dear Sir:

Your application to make tenant fit-up (third level front) 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.

1. Separation of means of egress approved per modified plans.
2. Means of egress shall be marked in accordance with Section 5-10 of N.F.P.A. 101 Life Safety Code.
3. Emergency lighting shall be provided in accordance with Section 5-9.
4. Portable fire extinguishers shall be provided in accordance with N.F.P.A. #10.
5. Plans for corridor space, adjacent to "backstairs", exceeds the allowed 20' dead end corridor travel distance. The door location for future tenant space must be changed or corridor shortened or connected to the front corridor space to resolve this problem.

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

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

cc: Wallace C. Garroway, LT, FPB

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMIT ISSU

BUILDING INSPECTION

No. NOV 21 1990

City Of Portla

PERMIT

Please Read Application And Notes, If Any, Attached

This is to certify that Ledgewood Inc.

has permission to construct medical office building (Foundation only)

AT Frost St. (Congress St)

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification for inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

PERMIT ISSUED WITH LETTER

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

PERMIT ISSUED

BUILDING INSPECTION

No. 912297 JAN 30 1991

City Of Portland

PERMIT

RECEIVED

Please Read Application And Notes, If Any, Attached

This is to certify that Ledgewood Inc

has permission to construct medical office building

AT 1601 Congress St.

JAN 31 1991

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

LEDGEWOOD, INC

Apply to Public Works for street line and grade if nature of work requires such information.

Notification for inspection must be given and written permission procured before this building or part thereof is lathed or otherwise closed-in.

A certificate of occupancy must be procured by owner before this ing or part thereof is occupied.

REFERRED

PERMIT ISSUED WITH LETTER

OTHER REQUIRED APPROVALS

Fire Dept.

Health Dept.

Appeal Board

Other

Department Name

Director - Building & Inspection Services

Kathy Lowe

PENALTY FOR REMOVING THIS CARD

2 MRS Rowe

912297

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 5520. Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form. Major site MAIN plan $350. 11/16/90

Owner: Maine Orthopaedic Assoc Phone # _____

Address: 48 Gilman St; Ptld, ME 04102

LOCATION OF CONSTRUCTION ~~Street~~ (1500 Congress St.)

Contractor: Lethewood Inc. Sub.: 775-3241

Address: P O Box 3107; Ptld, ME Phone # 04104

Est. Construction Cost: 1.3 million Proposed Use: medical office bld

Past Use: vacant lot

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L 122 W 54 Total Sq. Ft. _____

Stories: 3 # Bedrooms _____ Lot Size: 11.30 acres

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Construct medical office building

For Official Use Only

Date 11/15/90

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost 1.3 million

Subdivision Name: _____

Lot _____

Ownership: _____ Private

PERMIT ISSUED JAN 30 1991 City Of Portland

Zoning: R-P

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) OK WL 11-19-90

MAJOR SITE PLAN XXXX 11/16/90

REFERENCE

HISTORIC PRESERVATIO

Not in District nor Landmark

Does not require review.

Requires Review.

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Action: ___ Approved ___ Approved with Conditions ___ Denied

Date: 11/19/90

Signature: _____

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, ~~not~~ Yes ~~Will not~~ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

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

Permit Received By Louise E. Chase

Signature of Applicant _____ Date _____

Signature of CEO _____ Date _____

PERMIT ISSUED WITH LETTER

Inspection Dates _____

Kathy 01/30/91

White-Tax Assesor Yellow-GPCOG White Tag-CEO

127 Mrs. Lowd