

HARROW CENTER, E.  
 CARRIAGE ADDITION  
 1145 BRISTOL RD.  
 PORTLAND, ME  
 Scale 1" = 40'

Area of  
 14' x 32' 3"

N 13° 11' E  
 531.09'

EASEMENT TO PORTLAND PIPELINE CORP.

14' 0" x 11' 0"

N 62° 47' 10" W  
 258.77'

G+67  
 80' LT

G+96 28  
 39' LT



35°

38' 53"

RAMP

80'

CATCH BASIN  
 10' x 80', 89' LT

46' x 30' PAD

46' x 30' PAD

8' x 75' 49' LT

FENCE

SD

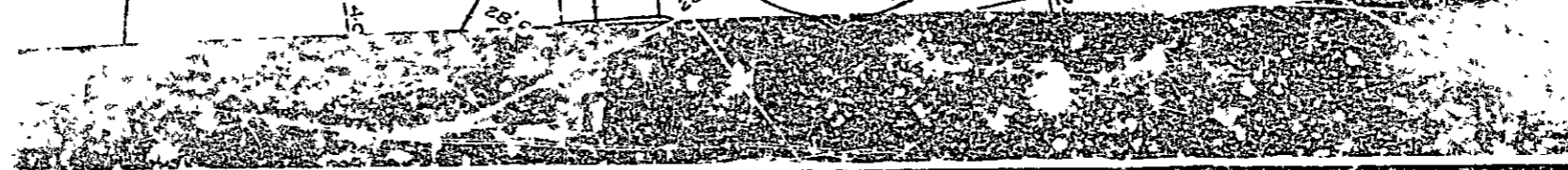
9'

20'

28' R

28' R

10' D.R.



materials list for Barron Center

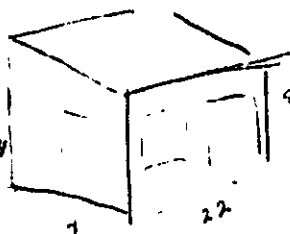
addition

774-2623

Steve WA:4.

Nails

20 lbs 5d com.	.62	12.40
20 lbs 12d com.	.62	12.40
10 lbs 1/4 shirtek screws	2.69	26.90 <sup>14</sup>
1 bx. 3/4 roof nails	29.00	29.00



Plywood

12- CDX 1/2" 5/8"	10.25	123.00
18 chip board 1/2"	6.19	111.42

2x6 spruce (KD)

6-14'	4.62	27.72
6-12'	3.76	22.56
8-8'	2.75	22.00
2x8 spruce		
35-16'	7.47	261.45

1" pine

4-1x8x8	5.40	21.60
2-1x8x12	8.10	16.20
2-1x10x12	9.92	19.84
4-1x6x8	4.25	17.00
2-1x6x14	7.43	14.86

Roof materials

2 rolls felt	8.36	16.72
12 bundles asphalt shingles	7.33	87.96
7-8" x 16" deep edge	3.32	23.24
2 rolls lead flashing 30'	17.72	17.72 (50')
2 rolls rubber membrane	3.59 ea	43.00

Windows & doors & skylights

4- skylights FS 62 22 1/2 x 55"	Velux (insulated)	155.70	622.80
2- 6' x 5' windows	6 7/8 JB (6094-1850) primed	650.95	1301.90
3- Bow windows 4' x 6'	(copper tops for 2 windows) C.P. 570.70 ea		

1- patio door Door unit - one fixed left side opens out



Sheetrock 32- 5/8 fire shield	8.19	262.08
16 gal joint compound	8.89	26.67
Insulation 6" x 15" 800 sq ft. (KRAFT)	.27	216.00

Spacers for inbetween rafters (?) slips condensation Roll house wrap

175.00 175.00

902122

Permit # \_\_\_\_\_ City of Portland BUILDING PERMIT APPLICATION Fee \$10.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: City of Portland Barron Co. Phone # 774-2623-Robert O'Brady

Address: 1145 Brighton Ave., Portland, ME 04103

LOCATION OF CONSTRUCTION 1145 Brighton Avenue

Contractor: Consolidated Env. Services

Address: P.O. Box 2228, S.P. 04106 Phone # 799-0770

Est. Construction Cost \_\_\_\_\_ Proposed Use: Hospital

Past Use: same

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

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

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

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion: Remove 2 fuel tanks, 1 500 gal. gas. tank and one

1000 #2 oil.

Foundation:

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

Floors:

- 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 Size \_\_\_\_\_ Span(s) \_\_\_\_\_
- 3. Wall Cover \_\_\_\_\_
- 4. Fire Wall if required \_\_\_\_\_
- 5. Other Materials \_\_\_\_\_

**For Official Use Only PERMIT ISSUED**

Date: Oct. 30, 1990  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_

Subdivision: \_\_\_\_\_  
 Name: NOV 19 1990  
 Lot: \_\_\_\_\_  
 Ownership: 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 \_\_\_\_\_  
 Shoresland 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 \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height \_\_\_\_\_

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

Chimneys:  
 Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
 Heating: Type of Heat \_\_\_\_\_

Electrical:  
 Service Entrance Size \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

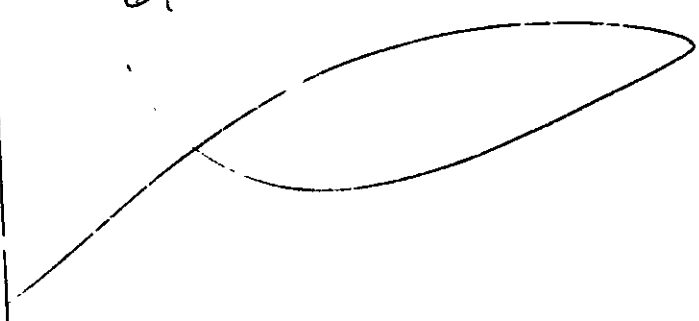
Swimming Pools:  
 1. Type \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By: Joyce M. Rinaldi

Signature of Applicant \_\_\_\_\_ Date 11/30/90  
 Signature of CEO \_\_\_\_\_ Date 11-1-90  
 Inspection Dates \_\_\_\_\_

PLOT PLAN

OK



**FEES (Breakdown From Front)**

Base Fee \$10.00 \_\_\_\_\_

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

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

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

BUILDING PERMIT REPORT

DATE: 11-1-90  
ADDRESS: 1145 Brighton Ave  
REASON FOR PERMIT: Underground Tank Removal Installation  
1-500gal gasoline + 1-1000gal #2 fuel  
BUILDING OWNER: City of Portland Bureau Center  
CONTRACTOR: Consolidated Environmental Services  
PERMIT APPLICANT: Linnwood Johnson  
APPROVED: N/A DENIED

CONDITION OF APPROVAL OR DENIAL:

- ✓ (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691
- ✓ (2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- ✓ (3) Fire Dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

7/88

Maine Department of Environmental Protection  
Bureau of Oil & Hazardous Materials Control  
State House Station #17  
Augusta, Maine 04333  
Telephone: 207-289-2651  
Attn: Tank Removal Notice

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

PLEASE TYPE OR PRINT IN INK:

Name of Facility Owner: City of Portland, ME  
Mailing Address: 389 Congress St Telephone No.: 8748300  
City: Portland, ME State: ME Zip Code: 04101  
Contact Person (name, address & telephone no.): John O'Bradovich  
1145 Brighton Ave Portland, ME 04101 774 2623  
Name of Facility: Barry Center Registration No.: 6448  
Facility Location: 1145 Brighton Ave Portland, ME

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

	Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A.	1	? 30	500	gasoline
B.	2	30	1000	#2 oil
C.				
D.				

2. Directions to Facility (be specific):

Exit # 8 Maine TPK - Brighton Ave Portland, ME large Brick complex

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes  No  (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIRE FIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: Consolidated Environmental Services

Certified Tank Installer Certification Number & Name (if applicable):  
270 Paul Fearon

Professional Firefighter Yes  No  (Affiliation: \_\_\_\_\_)

5. Expected date of removal: November 90

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

Date: 15 Oct 90

John R. Pellin  
Signature of Tank Owner or Operator

Agent For Owner  
Printed Name and Title

**THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 10 DAYS PRIOR TO REMOVAL.**

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

DEPT OF ENVIRONMENTAL PROTECTION  
OFFICE OF HAZARDOUS WASTE  
OCT 20 1990  
RECEIVED

902122

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$10.00 Zone            Map #            Lot#           

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

Owner: City of Portland Barron Center Phone # 774-2623 - Robert C. Bra...  
 Address: 1145 Brighton Ave., Portland, ME 04103  
 LOCATION OF CONSTRUCTION 1145 Brighton Avenue  
 Contractor: Consolidated Env. Services  
 Address: P.O. Box 2228, S.P. 04106 Phone # 799-077  
 Est. Construction Cost:            Proposed Use Hospital  
           Past Use same  
 # of Existing Res. Units            # of New Res. Units             
 Building Dimensions L            W            Total Sq Ft             
 # Stories:            # Bedrooms            Lot Size             
 Is Proposed Use: Seasonal            Condominium            Conversion             
 Explain Conversion Remove 2 fuel tanks, 1 500 gal. gas. tank and one  
1000 #2 oil.

For Official Use Only PERMIT ISSUED  
 Subdivision:            Name NOV 13 1990  
 Date Oct 30, 1990 Lot             
 Inside Fire Limits            Ownership: Public  
 Bldg Code            City of Portland  
 Time Limit             
 Estimated Cost             
 Zoning: R-5 Residence  
 Street Frontage Provided            Back            Side            Side             
 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             
 Shore and Zoning Yes            No            Floodplain Yes            No             
 Special Exception             
 Other (Explain)           

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. G rder 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            Spacing            Not in District nor Landmark  
 2. Ceiling Mapping Size            Spacing            Does not require review  
 3. Type Ceilings            Size            Requires review  
 4. Insulation Type            Size             
 5. Ceiling Height            Action Approved

Roof:  
 1. Truss or Rafter Size            Span            Approved with Conditions  
 2. Sheathing Type            Size             
 3. Roof Covering Type            Date 11/13/90  
 Signature [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 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 Joyce M. Ripaldini For Owner  
 Signature of Applicant [Signature] Date 10/30/90  
 Signature of CEO [Signature] Date 11-1-90  
 Inspection Dates           

White-Tax Assesor Yellow-GPCOG White Tag -CEO [2] 1990 GPCOG 1988

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

0 983

SER 6 1265

ZONING LOCATION

PORTLAND, MAINE

8/27/85 City Of Portland

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

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

LOCATION 1145. Brighton Avenue. Fire District #1  #2

1. Name and address Housing Resources City Hospital Housing Assoc. Telephone 774-6254

2. Name and address Assoc. c/o Housing Resources Asso. Telephone

3. Name and address Danbury Construction Telephone

Proposed use of building No of sheets No families

Last use No families

Material No stories Heat Style of roof Roofing

Other buildings on same lot

Estimated contractual cost \$108,000. Appeal Fees \$

FIELD INSPECTOR - Mr Base Fee \$560.00

@ 75-5451

Late Fee

TOTAL \$ 560.00

to install sprinkler and fire alarm system as shown

Stamp of Special Conditions

send to: Danbury Inc. PO Box 792 Portland 04102

PERMIT ISSUED WITH LETTER

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

DETAILS OF NEW WORK

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

Is connection to be made to public sewer? If not, what is proposed for sewage?

Has septic tank notice been sent? Form notice sent?

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

No of chimneys Material of chimneys lining Kind of heat fuel

Framing Lumber - Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span 1st floor 2nd 3rd roof

If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE

MISCELLANEOUS

BUILDING INSPECTION - PLAN EXAMINER Will work require disturbing of any tree on a public street?

ZONING: Will there be in charge of the above work a person competent

BUILDING CODE: Fire Dept. to see that the State and City requirements pertaining thereto

Health Dept. are observed?

Others:

Signature of Applicant [Signature]

Phone #

Type Name of above Doug Blobner For 1 2 3 4

Donbury Other

and Address

PERMIT ISSUED WITH LETTER

FIELD INSPECTOR'S COPY APPLICANT'S COPY

OFFICE FILE COPY





**FORT LAND CITY HOSPITAL**

<b>HYDROSTATIC TEST</b>	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ P.S.I. FOR _____ HOURS										
<b>LEAKAGE TEST</b>	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS										
	ALLOWABLE LEAKAGE _____ GALS. _____ HOURS										
<b>HYDRANTS</b>	NUMBER INSTALLED _____	TYPE AND MAKE _____									
	ALL OPERATE SATISFACTORILY YES <input type="checkbox"/> NO <input type="checkbox"/>										
<b>CONTROL VALVES</b>	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON YES <input type="checkbox"/> NO <input type="checkbox"/>										
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM? YES <input type="checkbox"/> NO <input type="checkbox"/>										
<b>REMARKS</b>	DATE LEFT IN SERVICE <b>12/30/85</b>										
<b>PARTS A &amp; B</b>	NAME OF SPRINKLER CONTRACTOR <b>Fire Shield Sprinkler</b>	FOR PROPERTY OWNER (SIGNED) _____ TITLE _____									
<b>SIGNATURES</b>	FOR SPRINKLER CONTRACTOR (SIGNED) <b>Stephen S. Wilbur</b>	DATE <b>12/30/85</b>									
	TESTS WITNESSED BY <b>Donald P. Morrison</b>	TITLE _____ DATE <b>12/30/85</b>									
PART "C" - SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (Fill out separate Part "C" for each floor)											
<b>LOCATION</b>	SERVES BLDGS. <b>EAST wing &amp; WARD ; West wing &amp; WARD</b>										
<b>TESTS REQUIRED</b>	<b>1</b> HYDROSTATIC TEST OF ALL PIPING <b>2</b> PNEUMATIC TEST OF ALL DRY PIPING <b>3</b> EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT <b>4</b> DRAIN TEST										
<b>SPRINKLERS OR SPRAY NOZZLES</b>	MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING						
	<b>Central EC 20</b>	<b>Recessed Penton</b>	<b>1/2</b>		<b>160°</b>						
	<b>Central EC 20</b>	<b>Recessed Schemell</b>	<b>1/2</b>		<b>160°</b>						
<b>PIPE AND FITTINGS</b>	MATERIAL AND KIND CONFORMS TO <b>NEPA</b> STANDARD IF NONE, EXPLAIN										
<b>ALARM VALVE OR FLOW INDICATOR</b>	<b>ALARM DEVICE</b>			<b>MAXIMUM TIME TO OPERATE THROUGH TEST PIPE</b>							
	TYPE	MAKE	MODEL	MIN.		SEC.					
	<b>RABCO</b>	<b>Reliable</b>	<b>YE</b>								
<b>DRY PIPE VALVES</b>	MAKE	MODEL	SERIAL NO.	<b>OPERATING TEST RESULTS</b>				TRIP POINT AIR PRESS.	TIME WATER REACHED TEST OUTLET	ALARM OPERATED PROPERLY	
				TIME TO TRIP THROUGH TEST PIPE		WATER PRESS.	AIR PRESS.				MIN.
	W/O.O.D.		W/I-O.O.D.		P.S.I.	P.S.I.	P.S.I.	MIN.	SEC.	YES	NO
	<b>Reliable</b>	<b>D</b>	<b>8167</b>			<b>55</b>	<b>42</b>				
<b>DELUGE &amp; PREACTION VALVES</b>	OPERATION PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/>			PIPING SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/>		DETECTING MEDIA SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/>		DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?	Maximum time to operate release						
			YES	NO	YES	NO	MIN.	SEC.			
<b>TESTS</b>	ALL PIPING HYDROSTATICALLY TESTED AT _____ P.S.I. FOR _____ HOURS		DRY PIPING PNEUMATICALLY TESTED EQUIPMENT OPERATE PROPERLY		IF NO, STATE REASON		FOR YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	Main Test: Reading of gage located near water supply test pipe _____ P.S.I.		Static Pressure _____ P.S.I.		Residual pressure with valve in test pipe open wide _____ P.S.I.						
<b>BLANK TESTING GASKETS</b>	NUMBER USED _____	LOCATIONS _____	NUMBER REMOVED _____								
<b>WELDED OR BRAZED PIPING</b>	IF YES, DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT THE WELDERS OR BRAZERS ARE QUALIFIED FOR WELDING OR BRAZING IN ACCORDANCE WITH THE REQUIREMENTS OF ASME BOILER AND PRESSURE VESSEL CODE, SECTION IX, QUALIFICATION STANDARD FOR WELDING AND BRAZING PROCEDURES, WELDERS, BRAZERS, AND WELDING AND BRAZING OPERATORS - 1988 EDITION. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>										
<b>REMARKS</b>	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN <b>12/30/85</b>										
<b>PART "C" SIGNATURES</b>	NAME OF SPRINKLER CONTRACTOR <b>Fire Shield Sprinkler</b>		FOR PROPERTY OWNER (SIGNED) _____		TITLE _____						
	FOR SPRINKLER CONTRACTOR (SIGNED) <b>Stephen S. Wilbur</b>		DATE _____		TITLE _____						
	TESTS WITNESSED BY <b>Donald P. Morrison</b>		TITLE <b>Plumber</b>		DATE <b>12-30-85</b>						

HYDROSTATIC TEST	ALL NEW UNDERGROUND PIPING HYDROSTATICALLY TESTED AT _____ P.S.I. FOR _____ HOURS									
LEAKAGE TEST	TOTAL AMOUNT OF LEAKAGE MEASURED _____ GALS. _____ HOURS									
	ALLOWABLE LEAKAGE _____ GALS. _____ HOURS									
HYDRANTS	NUMBER INSTALLED _____		TYPE AND MAKE _____							
	ALL OPERATE SATISFACTORILY YES <input type="checkbox"/> NO <input type="checkbox"/>									
CONTROL VALVES	WATER CONTROL VALVES LEFT WIDE OPEN IF NO, STATE REASON YES <input type="checkbox"/> NO <input type="checkbox"/>									
	HOSE THREADS OF FIRE DEPARTMENT CONNECTIONS AND HYDRANTS INTERCHANGEABLE WITH THOSE OF FIRE DEPARTMENT ANSWERING ALARM? YES <input type="checkbox"/> NO <input type="checkbox"/>									
REMARKS	DATE LEFT IN SERVICE _____									
PARTS A & B	NAME OF SPRINKLER CONTRACTOR _____		FOR PROPERTY OWNER (SIGNED) _____		TITLE _____					
SIGNATURES	FOR SPRINKLER CONTRACTOR (SIGNED) _____			DATE _____						
	TESTS WITNESSED BY _____			TITLE _____						
PART "C" - SPRINKLER & WATER SPRAY ABOVE GROUND PIPING (Fill out separate Part "C" for each riser)										
LOCATION	SERVES FLOORS _____ <b>CENTRAL SECTION</b>									
TESTS REQUIRED	1 HYDROSTATIC TEST OF ALL PIPING 2 PNEUMATIC TEST OF ALL DRY PIPING		3 EQUIPMENT OPERATION TESTS OF ALL EQUIPMENT 4 DRAIN TEST							
SPRINKLERS OR SPRAY NOZZLES	MAKE	MODEL	SIZE	QUANTITY	TEMPERATURE RATING					
	<i>Reliable</i>	<i>Pendants</i>	<i>1/2</i>		<i>165°</i>					
PIPE AND FITTINGS	MATERIAL AND KIND CONFORMS TO _____ STANDARD IF NONE, EXPLAIN _____									
ALARM VALVE OR FLOW INDICATOR	ALARM DEVICE			MAXIMUM TIME TO OPERATE THROUGH TEST PIPE						
	TYPE	MAKE	MODEL	MIN.	SEC.					
	<i>Reliable</i>	<i>Reliable</i>	<i>4E</i>							
DRY PIPE VALVES	MAKE	MODEL	SERIAL NO.	OPERATING TEST RESULTS						
				TIME TO TRIP THROUGH TEST PIPE		WATER PRESS.	AIR PRESS.	TRIP POINT AIR PRESS.	TIME WATER REACHED TEST OUTLET	ALARM OPERATED PROPERLY
	WITHOUT O.O.D.	WITH O.O.D.	P.S.I.	P.S.I.	P.S.I.					
	MIN.	SEC.	MIN.	SEC.	P.S.I.	P.S.I.	P.S.I.	MIN.	SEC.	YES
IF NO, EXPLAIN _____										
DELUGE & PREACTION VALVES	OPERATION PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC <input type="checkbox"/>			PIPING SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/> DETECTING MEDIA SUPERVISED YES <input type="checkbox"/> NO <input type="checkbox"/>						
	DOES VALVE OPERATE FROM THE MANUAL TRIP AND/OR REMOTE CONTROL STATIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>			IS THERE AN ACCESSIBLE FACILITY IN EACH CIRCUIT FOR TESTING? YES <input type="checkbox"/> NO <input type="checkbox"/>						
	MAKE	MODEL	Does each circuit operate supervision loss alarm?	Does each circuit operate valve release?	Maximum time to operate release					
			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MIN.	SEC.				
TESTS	ALL PIPING HYDROSTATICALLY TESTED AT _____ P.S.I. FOR _____ HOURS									
	DRY PIPING PNEUMATICALLY TESTED EQUIPMENT OPERATED PROPERLY IF NO, STATE REASON _____									
BLANK TESTING GASKETS	NUMBER USED _____		LOCATIONS _____		NUMBER REMOVED _____					
	WELDED OR BRAZED PIPING Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, DO YOU CERTIFY AS THE SPRINKLER CONTRACTOR THAT THE WELDERS OR BRAZERS ARE QUALIFIED FOR WELDING OR BRAZING IN ACCORDANCE WITH THE REQUIREMENTS OF ASME BOILER AND PRESSURE VESSEL CODE, SECTION IX, QUALIFICATION STANDARD FOR WELDING AND BRAZING PROCEDURES, WELDERS, BRAZERS, AND WELDING AND BRAZING OPERATORS - 1988 EDITION, YES <input type="checkbox"/> NO <input type="checkbox"/>									
REMARKS	DATE LEFT IN SERVICE WITH ALL CONTROL VALVES OPEN <i>12/30/85</i>									
PART "C" SIGNATURES	NAME OF SPRINKLER CONTRACTOR <i>Fireshield Sprinkler</i>		FOR PROPERTY OWNER (SIGNED) <i>Stephen E. Wellen</i>		TITLE _____					
	FOR SPRINKLER CONTRACTOR (SIGNED) <i>Donald P. Morrison</i>		TITLE <i>Job Superintendent</i>		DATE <i>12-30-85</i>					

**CONTRACTOR'S MATERIAL & TEST CERTIFICATE  
SPRINKLER SYSTEMS - WATER SPRAY SYSTEMS  
PART "A" GENERAL**

<p><b>PROCEDURE</b> UPON COMPLETION OF WORK INSPECTION AND TESTS SHOULD BE MADE BY CONTRACTOR'S REPRESENTATIVE AND WITNESSED BY AN OWNER'S REPRESENTATIVE. ALL DEFECTS SHOULD BE CORRECTED AND SYSTEM LEFT IN SERVICE BEFORE CONTRACTOR'S MEN FINALLY LEAVE THE JOB.</p> <p>A CERTIFICATE SHOULD BE FILLED OUT AND SIGNED BY BOTH REPRESENTATIVES. COPIES SHOULD BE PREPARED FOR INSPECTING AUTHORITIES, OWNER 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 INSPECTING AUTHORITY'S REQUIREMENTS OR LOCAL ORDINANCES.</p>	
PROPERTY NAME	<p><u>Portland City Hospital</u> <span style="float:right">DATE <u>12/30/85</u></span></p>
PROPERTY ADDRESS	<p><u>PORTLAND Me.</u></p>
PLANS	<p>ACCEPTED BY INSPECTION AUTHORITY(S) NAME(S) <u>I.S.C.</u></p>
	<p>ADDRESS</p>
	<p>INSTALLATION CONFORMS TO ACCEPTED PLANS EQUIPMENT USED IS APPROVED IF NO STATE DEVIATIONS</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
INSTRUCTIONS	<p>HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE OF THIS No. EQUIPMENT IF NO EXPLAIN</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
	<p>HAS A COPY OF INSTRUCTION AND MAINTENANCE CHART BEEN LEFT AT PLANT IF NO EXPLAIN</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
TEST DESCRIPTION	<p><b>FLUSHING</b> Flush to the required rate until drains are clear as indicated by no collection of foreign material in burlap bags at outlets.</p> <p>Flush at flows not less than 750 GPM for 6-inch pipe and smaller 1000 GPM for 8-inch 1500 GPM for 10-inch 2000 GPM for 12-inch. Where main's cannot produce stipulated flow rate obtain maximum available by using properly sized discharge devices.</p> <p><b>HYDROSTATIC</b> Hydrostatic test should be made at not less than 200 PSI for two hours or 50 PSI above static pressure in excess of 150 PSI. Different size pipe valve closures should be kept open during test to prevent damage. All above ground piping leakage should be stopped.</p> <p><b>LEAKAGE</b> New pipe laid with rubber gasketed joints should, if the workmanship is satisfactory, have no leakage at the joints. Unsatisfactory joints of leakage usually result from twisted, pinched or rut gaskets. However, some leakage might result from small amounts of grout which may enter over all joints. If such leakage occurs at a few joints the installation should be considered unsatisfactory and necessary repairs made. New pipe laid with caulked lead or lead substitute joints should, if the workmanship is satisfactory, have little or no leakage at the joints. Any joint having leakage of more than a slight drip or weeping should be repaired. Leakage should not exceed 1 qt. (liquid measure) per hour per inch of pipe diameter per joint and necessary repairs made.</p> <p><b>PNEUMATIC</b> Establish 40 PSI air pressure and measure pressure drop which should not exceed 1 1/2 PSI in 24 hours. Test pressure tanks at normal water level and air pressure and measure air pressure drop which should not exceed 1 1/2 PSI in 24 hours.</p>
<b>PART "B" - UNDERGROUND PIPING</b>	
LOCATION	<p>FEEDS BLDGS</p>
UNDERGROUND PIPES AND JOINTS	<p>PIPE TYPE AND CLASS TYPE JOINT</p>
	<p>CONFORMS TO STANDARD IF NO EXPLAIN</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
	<p>JOINTS WELDING ANCHORAGE CLAMPED, STRAPPED OR BACKED IN ACCORDANCE WITH STANDARD IF NO EXPLAIN</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
TESTS REQUIRED	<p>FLUSHING HYDROSTATIC LEAKAGE</p>
FLUSHING TESTS	<p>NEW UNDERGROUND PIPING FLUSHED ACCORDING TO <u>NFPA</u> STANDARD BY (COMPANY) <u>FIRESHIELD SPRINKLER</u></p> <p>HOW WAS FLUSHING FLOW OBTAINED PUBLIC WATER <input checked="" type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP <input type="checkbox"/></p> <p>THROUGH WHAT TYPE OPENING HYD. BUTT. <input type="checkbox"/> OPEN PIPE <input checked="" type="checkbox"/></p>
	<p>LEAD-PIPE FLUSHED ACCORDING TO <u>NFPA</u> STANDARD BY (COMPANY) <u>FIRESHIELD SPRINKLER</u></p> <p>HOW WAS FLUSHING FLOW OBTAINED PUBLIC WATER <input checked="" type="checkbox"/> TANK OR RESERVOIR <input type="checkbox"/> FIRE PUMP <input type="checkbox"/></p> <p>THROUGH WHAT TYPE OPENING Y CONN. TO PLANS &amp; SPOOL <input type="checkbox"/> OPEN <input type="checkbox"/></p>



## CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT  
INSPECTION SERVICES DIVISION

September 5, 1985

Donbury, Inc.  
P. O. Box 792  
Portland, Maine 04102

RE: 1145 Brighton Avenue, Portland, Maine 04102

Dear Sir:

Your application to install a sprinkler and fire alarm system has been reviewed and a permit is herewith issued with the following requirement:

Before a Certificate of Occupancy can be issued, a letter stating that the system is in accordance with NFPA #13 shall be provided to this office.

Sincerely,

P. SAMUEL MOSES,  
CHIEF OF INSPECTION SERVICES

PSH/mlb

CC: Lt. Collins

1145 Brighton Avenue

PERMIT 001998

TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # LOT#

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

Owner: City of Portland, Maine
Address: City Hall Purchasing Office, Room 107 389 Congress

LOCATION OF CONSTRUCTION Barron Center - Brachton Ave
CONTRACTOR: Fred I Merrill Inc. SUBCONTRACTORS: 799-1541

ADDRESS: 187 Sawyer St., So Pkld., Me 04106
Est. Construction Cost: 35,016.00 Type of Use: Hospital

Past Use:
Building Dimensions L x W x H Sq. Ft. # Stories Lot Size:
Is Proposed Use: Seasons Condominium Apartment

Conversion - Explain demolishing 6,000SF brick building with daylight basement

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE (as per plan) call list.
Residential Buildings Only:
# Of Dwelling Units # Of New Dwelling Units

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: 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 Weather Exposure
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

For Official Use Only
Date: April 18, 1989
Subdivision: Yes / No
Name:
Lot:
Block:
Permit Expiration:
Ownership: Public Private
Estimated Cost: 35,016.00
Value/Structure:
Fee: 200.00

Ceiling:
1. Ceiling Joists Size:
2. Ceiling Strapping Size Spacing
3. Type Ceilings:
4. Insulation Type
5. Ceiling Height:
PERMIT ISSUED MAY 1 1989

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

Chimneys:
Type: Number of Fire Places

Heating:
Type of Heat
Electrical:
Service Entrance Size: Smoke Detector Required Yes No

Plumbing:
1. Approval of soil test if required 00.25 Yes No
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories 60.25
5. No. of Other Fixtures

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

Zoning:
District: A-6 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: 4-26-89

Permit Received By Deborah Goode

Signature of Applicant Date
Signature of CEO Date

Inspection Dates

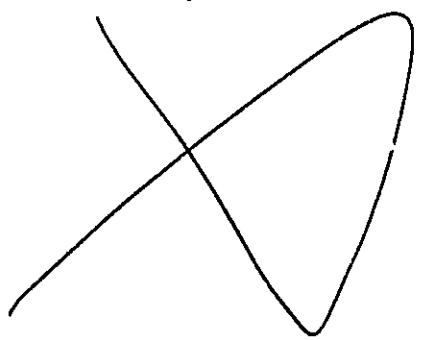
White-Tax Assessor Yellow-GPCOG

White Tag - CEO 129 M-TAYLOR Copyright GPCOG 1987

PERMIT ISSUED WITH LETTER

PLOT PLAN

*dk*



**FEES (Breakdown From Front)**

Base Fee \$ 25.00

Subdivision Fee \$ \_\_\_\_\_

Site Plan Review Fee \$ \_\_\_\_\_

Other Fees \$ 175.00

(Explain) \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

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

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant *Elliott S. Eastman* *Agent for Owner* Date *4/18/89*



CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

April 27, 1989

RE: Ward #7 Barron Center, Portland City Hospital

Fred I. Merrill L.c.  
187 Sawyer Street  
South Portland, Maine 04106

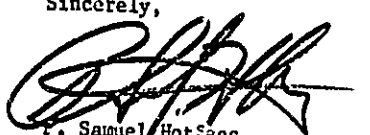
Dear Sir:

Your application to demolish Ward #7 of the Portland City Hospital has been reviewed and a permit is herewith issued subject to the following requirement:

This permit is being issued with the understanding that it complies with Article I, Section 105.1 thru 105.7.14 of the building code.

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

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el



BID #14289

CITY OF PORTLAND, MAINE  
DEMOLITION OF WARD 7 STRUCTURE  
Portland City Hospital, Barron Center  
Notice and Specifications

**RECEIVED**

APR 1 8 1989

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND

Sealed bids for the Demolition of the following building and for removal of the debris from the premises by the successful bidder will be received by the Purchasing Office, Room 107, City Hall, 389 Congress Street, Portland, Maine 04101, until 1:30 P.M., Monday, April 3, 1989, when they will be publicly opened and read.

Recent late mail deliveries make it important for bidders to allow extra time in mailing their bids.

This is a single story 6,000 SF (approx.) brick building with a daylight basement. The structure is located behind the Loring House in the BarronCenter complex on Brighton Avenue near Turnpike Exit 8. A 185 LF (approx.) concrete foundation wall (not built on) attached to Ward 7 shall also be demolished and removed. An on site inspection is required by all bidders.

The interior of this building may be seen by appointment, contact Bob O'Bradovich, Director of Maintenance Barron Center 774-2623.

Proposals will be submitted in sealed envelopes plainly marked, "Proposal for Demolition of Ward 7 Property." Each bid must be accompanied by a deposit of 5% of the amount bid. This must be a properly certified check, bank treasurer's check, bank cashier's check, bank money order, cash or bid bond. If the deposit is not in one of the mentioned forms, your bid will be rejected. Checks and money orders shall be made payable to the City of Portland, and will be deposited in its account. Such deposits will be returned to bidders within a reasonable time after contract is signed. If the successful bidder fails to sign the contract within 14 days after notification by the Corporation Counsel's office that it is ready for signature, his bid will lapse at the election of the City and his bid deposit shall be forfeited and retained by the City of Portland as an agreed amount of liquidated damages.

The successful bidder shall agree to save the City harmless from all losses, costs or damages caused by his acts or those of his agents, and, before signing the contract, will produce evidence satisfactory to the Corporation Counsel of the City of Portland that he has secured Public Liability and Automobile Liability insurance coverage in the amount of not less than \$300,000 combined single limit for personal or bodily injury, death and property damage, and Worker's Compensation insurance protecting the contractor and the City from all such claims. The City disclaims any and all responsibility for injury to contractors, their agents or others while examining the job site or at any other time.

CITY OF PORTLAND, MAINE  
DIVISION OF INSPECTION SERVICES

DEMOLITION CALL LIST

RECEIVED

APR 18 1989

DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

Fred & Merrill, Inc. hereby requests permission to demolish  
Building beginning on the following date ASAP  
for the following work as described: Danaher Building

UTILITY APPROVAL

CENTRAL MAINE POWER CO.  
Meter Department  
772-7411, ext. 290, 291, 292  
Date & Name: 4/11/89 Joe Napoleton

NEW ENGLAND TELEPHONE CO.  
Dig Safe Center  
1-800-225-4977  
Date & Name: 4/11/89 Kathy  
8915 2326

NORTHERN UTILITIES  
Distribution Department  
797-8002  
Date & Name: 4/6/89 Mr. Moray

PORTLAND WATER DISTRICT  
John Libby  
774-5961, ext. 205  
Date & Name: 4/12/89 John Libby

PUBLIC CABLE CO. (T.V.)  
George Grisby  
775-2381  
Date & Name: 4/11/89 George Grisby

PERMIT ISSUED  
WITH LETTER

ASBESTOS NOTIFICATION:

United States Environmental Protection Agency  
Region 1, Air Management Division  
Room 2310  
J.F.K. Federal Building  
Boston, MA 02203

Maine Department of Environmental Protection  
Bureau of Air Quality Control  
State House Station 17  
Attn: Catharine Clayton-Richardson  
Augusta, ME 04333

I have contacted all of the above utility companies and/or necessary City departments.

Date: 4/12/89

Signed: Elliot Eastman

CITY OF PORTLAND

DEPARTMENT OF PARKS/PUBLIC WORKS  
Sewer Division  
775-5451, ext. 463  
Date & Name: 4/11/89 Ray Emerson

DEPARTMENT OF PARKS/PUBLIC WORKS  
Traffic Division  
775-5451, ext. 468, 469  
Date & Name: 4/11/89 Brian Hill

DEPARTMENT OF PARKS/PUBLIC WORKS  
Forestry Division  
775-5451, ext. 333, 350, 351  
Date & Name: 4/11/89 Jeff Tarling

DEPARTMENT OF PLANNING/URBAN DEVELOPMENT  
Inspection Services Division  
775-5451, ext. 374 (rodent/vermin/asbestos)  
Date & Name: 4/12/89 Mrs. Latini

FIRE DEPARTMENT  
Communications - Sam Allen  
775-6361, ext. 321, 322  
Date & Name: 4/11/89 Sam

DEPARTMENT OF PARKS/PUBLIC WORKS  
Sue Sargent  
775-5451, ext. 443  
Date & Name: 4/11/89 Sue Sargent

1032

City of Portland  
part which applies

Lewis

right on Ave

STREET

nature Signs

e St

its

its #

L W

# Bedrooms

seasonal Ce

remove temp

Signature Sign

Front

Size

Size

Sills must be anchored.

Spacing

Size

Size

Size

Spacing

Span(s)

lo

Yes

Size

Type

Type

Weather Exposure

Spacing

pan(s)

Spacing

pan(s)

Weather Exposure

Spacing

pan(s)

Weather Exposure

Spacing

pan(s)

Weather Exposure

Spacing

pan(s)

Weather Exposure

1032 BUILDING PERMIT APPLICATION Fee 31.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_  
b. Proper plans must accompany form

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

25 \_\_\_\_\_

right on Ave/Valleys Steakhouse

Subj: Mail to contractor\*\*\*

Phone # 773-6312

Proposed Use: Comm - W/sign-permanent Zoning: B-2

Past Use: temporary sign-comm

Res. Units \_\_\_\_\_

Total Sq Ft. \_\_\_\_\_

Lot Size: \_\_\_\_\_

Conversion \_\_\_\_\_ 3 X 10

sign replace with permanent sign

1023 Pctd, ME C4104

Rear \_\_\_\_\_ Side(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sills must be anchored.

Size: \_\_\_\_\_

Span: \_\_\_\_\_ O.C.

Size: \_\_\_\_\_

Size: \_\_\_\_\_

Spacing \_\_\_\_\_

Span(s) \_\_\_\_\_

lo \_\_\_\_\_

Yes \_\_\_\_\_

Size \_\_\_\_\_

Type \_\_\_\_\_

Type \_\_\_\_\_

Weather Exposure \_\_\_\_\_

Spacing \_\_\_\_\_

pan(s) \_\_\_\_\_

Spacing \_\_\_\_\_

pan(s) \_\_\_\_\_

Weather Exposure \_\_\_\_\_

Spacing \_\_\_\_\_

pan(s) \_\_\_\_\_

Weather Exposure \_\_\_\_\_

Spacing \_\_\_\_\_

pan(s) \_\_\_\_\_

Weather Exposure \_\_\_\_\_

Spacing \_\_\_\_\_

pan(s) \_\_\_\_\_

Weather Exposure \_\_\_\_\_

<b>For Official Use Only</b>	
Date <u>September 13, 1991</u>	Subdivision _____
Inside Fire Limits _____	Name _____
Dist Code _____	Lot _____
Time Limit _____	Ownership: <u>CITY OF PORTLAND</u>
Estimated Cost _____	_____

SEP 18 1991

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) WDA 9-17-91

**HISTORIC PRESERVATION**

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

Roof:  
 1. Truss or Rafters Size \_\_\_\_\_ Span \_\_\_\_\_ Action: Approved  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_  
 Date: \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Permit Received By Mary Gresik  
Signature of Applicant Peter Davis Date Sept 13, 1991  
Peter Davis  
CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO [4] MA Carran

White - Tax Assessor

912694

Permit # 912694 City of Portland BUILDING PERMIT APPLICATION Fee \$190. Zone            Map #            Lot #             
Please fill out any part which applies to job. Proper plans must accompany form

Owner City of Portland Phone #             
Address: 389 Congress St; Ptld, ME  
LOCATION OF CONSTRUCTION 1145 Brighton Ave.  
Contractor Sprinkler Systems Sub, Inc 782-0104  
Address Box 1285; Lewiston, ME Phone # 04240  
Est. Construction Cost 34,000. Proposed Use health care facility Zoning:             
Past Use H C F w sprinkl sys  
# of Existing Res. Units            # of New Res Units             
Building Dimensions L            W            Total Sq. Ft.             
# Stories            # Bedrooms            Lot Size:             
Is Proposed Use: Seasonal            Condominium            Conversion             
Explain Conversion Install sprinkler system

**PERMIT ISSUED**  
Date 5/16/91  
Inside Fire Limits             
Blg Code             
Time Limit             
Estimated Cost 34,000.  
Subdivision:             
Name:             
Lot:             
Ownership:             
**CITY OF PORTLAND**  
Zoning Board Approval: Yes            No            Date:             
Planning Board Approval: Yes            No            Site Plan            Subdivision             
Conditional Use:            Variance            Floodplain: Yes            No             
Shoreland Zoning: Yes            No             
Special Exception             
Other (Explain)             
**HISTORIC PRESERVATION**  
Not in District nor Landmark             
Does not require review           

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

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

Exterior Walls:  
1. Studding Size            Spacing             
2. No. windows             
3. No. Doors            Span(s)             
4. Header Sizes             
5. Bracing: Yes            No             
6. Corner Posts Size            Size             
7. Insulation Type            Size             
8. Sheathing Type            Weather Exposure             
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:            Spacing            Requires Review             
2. Ceiling Strapping Size             
3. Type Ceilings:            Size:             
4. Insulation Type            Action:            Approved             
5. Ceiling Height:            Approved with Conditions             
Roof:  
1. Truss or Rafter Size            Span             
2. Sheathing Type            Size:             
3. Roof Covering Type            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             
2. No. of Tubs or Showers             
3. No. of Flushes             
4. No. of Lavatories             
5. No. of Other Fixtures             
Swimming Pools:  
1. Type:            x            Square Feet:             
2. Pool Size:             
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase  
Signature of Applicant Michael L. Chase Date 5/16/91  
Signature of CEO Mike Labe Date 6-11-91  
**PERMIT ISSUED WITH FEES**  
Inspection Dates             
© Copyright GPCOG 1988

White-Tax Assesor Yellow-GPCOG White Tag-CEO



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date June 3, 1991  
 Receipt and Permit number 9241

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: 1145 Brighton Ave. (Barron Center)  
 OWNER'S NAME: City of Portland ADDRESS: 389 Congress St., Portland

OUTLETS: Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL \_\_\_\_\_ FEES

FIXTURES (number of)  
 Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL 80 \_\_\_\_\_  
 Strip Fluorescent \_\_\_\_\_ ft. \_\_\_\_\_ 16.00

SERVICES: Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes \_\_\_\_\_

METERS (number of) \_\_\_\_\_

MOTORS: (number of)  
 Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

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

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

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

TOTAL \_\_\_\_\_

MISCELLANEOUS: (number of)  
 Branch Panels \_\_\_\_\_  
 Transformers \_\_\_\_\_ 8.00

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" (304-18.b) ... \_\_\_\_\_

TOTAL AMOUNT DUE: 39.00

INSPECTION: Will be ready on \_\_\_\_\_, 19\_\_; or Will Call x

CONTRACTOR'S NAME: Atkinson Elec.  
 ADDRESS: P.O. Box 307 Waterboro, Maine 04087

TEL.: 247-4375

MASTER LICENSE NO.: \_\_\_\_\_ SIGNATURE OF CONTRACTOR: [Signature]  
 LIMITED LICENSE NO.: Ms 60009241

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



912694 912694 912694

Permit # City of Portland BUILDING PERMIT APPLICATION Fee 5191. Zone      Map #      Lot #     

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

Owner: City of Portland Phone #       
Address: 389 Congress St; Pld, 1E  
LOCATION OF CONSTRUCTION 1145 Brighton Ave. - (Barron Ctr)  
Contractor: Sprinkler Systems Sub., Inc 732-2134  
Address: Box 1235; Lewiston, ME Phone # 4241  
Est. Construction Cost: 34,000. Proposed Use: health care facility

For Official Use Only  
Date 5/16/91  
Subdivision:       
Name:       
Lot #:       
Blg Code:       
Time Limit:       
Ownership: CITY OF PORTLAND  
Estimated Cost: 34,000.

# of Existing Res. Units      # of New Res. Units       
Building Dimensions L      W      Total Sq. Ft.       
# Stories:      # Bedrooms      Lot Size:       
Is Proposed Use: Seasonal      Condominium      Conversion       
Explain Conversion Install sprinkler system

Street Frontage Provided:       
Provided Setbacks: Front      Back      Side      Rear       
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)     

Foundations:

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

Floors:

- 1. Sills Size:      Sills must be anchored.
- 2. Glider 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:      Not in Dist      nor Landmark
- 2. Ceiling Strapping Size      Spacing      Does not require review
- 3. Type Ceiling:      Recourse required
- 4. Insulation Type      Size
- 5. Ceiling Height:

Roof:

- 1. Truss or Rafter Size      Actual:      Approved
- 2. Sheathing Type      Span      Approved with conditions
- 3. Roof Covering Type      Size      Date

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 Louise E. Chase

Signature of Applicant Michael Lahey

Signature of GBC Mike Lahey

Inspection Dates     



White-Tax Assessor Yellow-GPCOG

White Tag-CEO

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PLOT PLAN



**FEES (Breakdown From Front)**  
Base Fee \$ 190.00  
Site Plan Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

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

COMMENTS

*Work Complete CD issued  
See permit # 912376*

Signature of Applicant

*Michael Laby*

Date

*5/16/91*





CITY OF PORTLAND, MAINE

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

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

June 12, 1991

RE: 1145 Brighton Avenue

Sprinkler Systems Inc.  
Box 1285  
Lewiston, Maine 04240

Dear Sir:

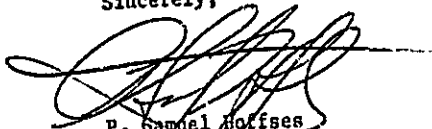
Your application to install a sprinkler system has been reviewed and a permit is herewith issued subject to the following requirements:

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

1. Approval by the State Fire Marshall's office shall be obtained and copy of approval submitted to the Fire Prevention Bureau.
2. The day care building shall be provided with a 4" Storz fire department connection.

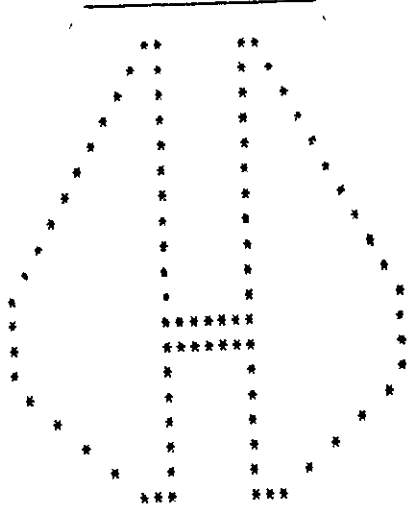
If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

/el

cc: LT. Wallace Garroway, Fire Prevention Bureau



[ / / / / ]  
[ / / / / ]

RECEIVED

MAY 16 1991

DEPT OF BUILDING INSPECTIONS  
CITY OF PORTLAND

...FIRE PROTECTION BY COMPUTER DESIGN

\*\*\*\*\*  
\* SPRINKLER SYSTEMS INC. \*  
\* LEWISTON, ME 04240 \*  
\* 207-782-0104 \*  
\*\*\*\*\*

\*\*\*\*\*  
\* CONTRACTOR SPRINKLER SYSTEMS INC. \*  
\* NAME BARRON CENTER II \*  
\* LOCATION HOLM AVE PORTLAND, MAINE \*  
\* SYSTEM NO. 1/WET \*  
\* CONTRACT NO. 91007 \*  
\*\*\*\*\*

SPRINKLER SYSTEMS INC.

LEWISTON, ME 0424  
207-762-0104

HYDRAULIC DESIGN INFORMATION SHEET

DATE 5-6-91

NAME BARRON CENTER II  
LOCATION HOLM AVE PORTLAND, MAINE  
BUILDING NEW ALZHEIMER'S BUILDING  
CONTRACTOR SPRINKLER SYSTEMS INC.

SYSTEM NO. 1/WET  
CONTRACT NO. 91007  
DRAWING NO. 1-2 OF 2  
CEILING HEIGHT 7'-6"

CALCULATED BY CDS/JM  
CONSTRUCTION: (X) COMBUSTIBLE ( ) NON-COMBUSTIBLE  
OCCUPANCY ALZHEIMER'S CARE FACILITY

S (X) NFPA 13 ( ) LT. HAZ. ORD. HAZ. GP. (✓) 1 ( ) 2 ( ) 3 ( ) EX. HAZ.  
Y ( ) NFPA 231 ( ) NFPA 231C FIGURE 2-2.1.1B CURVE

S ( ) OTHER MADE BY DATE  
T ( ) SPECIFIC RULING

E  
M AREA OF SPRINKLER OPERATION 1500 SYSTEM TYPE  
' DENSITY- GPM .16 (X) WET ( ) DRY ( ) DELUGE ( ) PREACTION  
D ' AREA PER SPRINKLER 120 SPRINKLER OR NOZZLE  
E ' HOSE ALLOWANCE GPM-INSIDE 0 MAKE RELIABLE MODEL "G"  
S ' HOSE ALLOWANCE GPM-OUTSIDE 250 SIZE 1/2" K-FACTOR 5.6  
I ' RACK SPRINKLER ALLOWANCE 0 TEMPERATURE RATIO 165  
G  
N

CALCULATION SUMMARY GPM REQUIRED 182.7 PSI REQUIRED 48.99 AT BASE OF RISER  
SUMMARY C FACTOR USED: OVERHEAD 120 UNDERGROUND 140

W ' WATER FLOW TEST PUMP DATA TANK OR RESERVOIR  
A ' DATE OF TEST 6-2-88 RATED CAP 0 CAP. 0  
T ' TIME OF TEST 9 TO 4 AT PSI 0 ELEV. 0  
E ' STATIC (PSI) 70 ELEV 0  
R ' RESIDUAL (PSI) 40 WELL  
' FLOW (GPM) 1060 PROOF FLOW GPM 0  
S ' ELEVATION +11.5

P ' LOCATION : 6" SUPPLY ON HOLM AVE.  
L ' SOURCE OF INFORMATION : PORTLAND WATER DISTRICT  
Y

C ' COMMODITY CLASS LOCATION  
' STORAGE HT. AREA AISLE WIDTH  
O ' STORAGE METHOD: SOLID PILED % PALLETIZED % RACK %  
M  
R ( ) SINGLE ROW ( ) CONVEN. PALLET ( ) AUTO. STORAGE ( ) ENCAP.  
S ' A ( ) DOUBLE ROW ( ) SLAVE PALLET ( ) SOLID SHELVING ( ) NON-ENCAP.  
T ' C ( ) MULTIPLE ROW ( ) OPEN SHELVING  
D ' K FLUE SPACING: CLEARANCE: STORAGE TO CEILING  
R ' LONGITUDINAL TRANSVERSE  
A  
G ' HORIZONTAL BARRIERS PROVIDED:  
E

UNITS - DIAMETER (INCH) LENGTH (FOOT) FLOW (GPM) PRESSURE (PSI)  
\*\*\*\*\*  
FIRE PROTECTION--BY COMPUTER DESIGN

**PLUMBING APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND  
Street Subdivision Lot #: 1195 Brighton Avenue

**PROPERTY OWNERS NAME**

BARRON CENTER II  
Last: First:  
Applicant Name: Ralph F. Blake, Jr.  
Mailing Address of Owner/Applicant (if Different): 577 Auburn Street, Portland, ME 04103

PORTLAND 4184 TOWN COPY

Date Permitted: 105, 87, 91  
FEE: \$143.00  
Local Plumbing Inspector Signature: K. Samuel  
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: *[Signature]* Date: 5/1/91

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: *K. Carroll* Date Approved: 4/23/92

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1 <input checked="" type="checkbox"/> NEW PLUMBING 2 <input type="checkbox"/> RELOCATED PLUMBING	1 <input type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Nursing Home</u>	1 <input checked="" type="checkbox"/> MASTER PLUMBER 2 <input type="checkbox"/> OIL BURNERMAN 3 <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5 <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>01890</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	
HOOK UP, to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District	7	Hosebibb / Silcock	3	Bathtub (and Shower)	
	6	Floor Drain	2	Shower (Separate)	
		Urinal	1	Sink	
OR HOOK-UP to an existing subsurface wastewater disposal system	1	Drinking Fountain	35	Wash Basin	
		Indirect Waste	30	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 Cuspldor		Garbage Disposal	
		Bidet	2	Laundry Tub	
Number of Hook-Ups & Relocations		Other: _____	5	Water Heater	
Hook-Up & Relocation Fee	14	Fixtures (Subtotal) Column 2	99	Fixtures (Subtotal) Column 1	
				14	Fixtures (Subtotal) Column 2
				113	Total Fixtures
				\$ 143	Fixture Fee
				\$ -0-	Hook-Up & Relocation Fee
				\$ 143	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date 3/23/93, 1993  
 Receipt and Permit number 3013

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: 1125 Brighton Ave  
 OWNER'S NAME: Loring Center ADDRESS: \_\_\_\_\_ FEES

OUTLETS: Receptacles \_\_\_\_\_ Switches 1 Plugmold \_\_\_\_\_ ft. TOTAL 1 ..... .20

FIXTURES: (number of)  
 Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_  
 Strip Fluorescent \_\_\_\_\_ ft. ....

SERVICES: Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes \_\_\_\_\_

METERS: (number of) \_\_\_\_\_  
 MOTORS: (number of) \_\_\_\_\_ 2.00

Fractional x roof unit-dryer.....  
 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) \_\_\_\_\_

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" (504-16.b) ..... DOUBLE FEE DUE: \_\_\_\_\_  
 TOTAL AMOUNT DUE: 15.00  
 minimum fee

INSPECTION: Will be ready on any time, 1993; or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: Henry Gange Pl & Elec  
 ADDRESS: E Bridge St- Westbrook  
 TEL.: 797-3472 SIGNATURE OF CONTRACTOR: [Signature]  
 MASTER LICENSE NO.: # 3013  
 LIMITED LICENSE NO.: \_\_\_\_\_

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

ELECTRICAL INSTALLATIONS

Permit Number 3473

Location 1125 Brinkman

Owner Adeline Baxter

Date of Permit 8-28-93

Final Inspection 3-31-98

By Inspector [Signature]

Permit Application Register Page No. 141

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_  
 Service called in \_\_\_\_\_  
 Closing-in \_\_\_\_\_ by \_\_\_\_\_

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

DATE:	REMARKS:

REPLY BY COPY MAIL

Inspection Services  
P. Samuel Hoffses  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

**CITY OF PORTLAND**

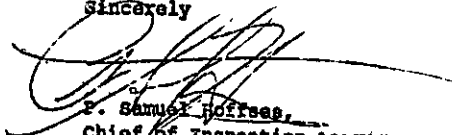
June 19, 1995

Mr. Robert O'Bradovich  
Director of Engineering Service  
1145 Brighton Ave  
Portland, ME 04104

Dear Robert,

I have reviewed your letter to Nelson Collins of the State's Fire Marshall's office. And, I agree that under the City's Building Code (The SOCA National Building Code/1993) this type of use is classified Use Group I-2, therefore, section 1010.4 of the code doesn't apply.

Sincerely



P. Samuel Hoffses,  
Chief of Inspection Services

cc: Robert Ganley, City Manager  
Anthony Forgiome, Barron Center Admin  
Joseph Thomas, Fire Chief  
Barron Center Maintenance  
LT Mac Dougall, Fire Prevention

923819 923819

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: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 LOCATION OF CONSTRUCTION \_\_\_\_\_  
 Contractor: \_\_\_\_\_ Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \$3000 Proposed Use: \_\_\_\_\_  
 \_\_\_\_\_ Past Use \_\_\_\_\_  
 # of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq Ft \_\_\_\_\_  
 # Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ size \_\_\_\_\_  
 Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion \_\_\_\_\_

**PERMIT ISSUED**  
**JUN 24 1992**  
**CITY OF PORTLAND**

**For Official Use Only**  
 Date \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ Name \_\_\_\_\_  
 Bldg Code \_\_\_\_\_ Owner/hip \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost 3700

**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) \_\_\_\_\_

**Foundation:**  
 1 Type of Soil \_\_\_\_\_  
 2 Set Backs - Front \_\_\_\_\_ 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 \_\_\_\_\_ Not in District for Ceannar \_\_\_\_\_  
 2 Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Does not require review \_\_\_\_\_  
 3 Type Ceilings \_\_\_\_\_  
 4 Insulation Type \_\_\_\_\_ Size \_\_\_\_\_ Requires Review \_\_\_\_\_  
 5 Ceiling Height \_\_\_\_\_

**Roofs:**  
 1 Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2 Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3 Roof Capping Type \_\_\_\_\_  
**Chimneys:**  
 Type \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

**Heating:**  
 Type of Heat \_\_\_\_\_  
**Electrical:**  
 Service Entrance Size \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Permit Received By \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE  
Ivory Tag - CEO

White - Tax Assessor

*See attached Heat. Preserv. Plan*  
*Call Mr. [unclear] He knows the Heat*

**HISTORIC PRESERVATION**



**PLOT PLAN**



**FEES (Breakdown From Front)**

Base Fee \$ 35-  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

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

**COMMENTS**

*10/7/96 - Never Called  
 Work Completed*

**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 \_\_\_\_\_

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

Billing for Legal  
Ads for Agenda's

Project Name: 1125 Brighton Ave - Loring House

Owner's Name: David Swanson dba/Custom Canvas

Address of Project: 1125 Brighton Ave

Division/Board: Historic Preservation

Number of Residential Notices Mailed Out: 15

1/2 Amount of Legal Ad: 17.80

.40 X number of notices: 6.00

Total Amount Due: 23.80

Make checks payable to the City of Portland, Attn. D. Marquis, Rm. 315, 389  
Congress Street, Portland, Maine 04101.

Bill to: David Swanson

dba/Custom Canvas

P.O. Box 2122

So. Portland, ME 04105

mailed: June 22, 1992



City of Portland  
 Department of Planning and Urban Development  
 Room 211 City Hall, 389 Congress Street  
 Portland, Maine 04101 207-874-8300

Form 6.1.88

**HISTORIC PRESERVATION  
 CERTIFICATE OF APPROPRIATENESS**

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), the following work on the specified property is hereby:

X  granted a Certificate of Appropriateness, with conditions as indicated.  
 \_\_\_ denied a Certificate of Appropriateness.

Historic Resource Inventory Number: \_\_\_\_\_ Assessor's Chart/Block/Lot: \_\_\_\_\_

Property Address:  1125 Brighton Avenue - Loring House

Applicant: (name)  David Swanson dba Custom Canvas   
 (address)  P.O. Box 2122   
 South Portland, ME 04106

Proposed Work (continue on back if necessary):  Installation of three awnings (not including 2 awnings proposed for front elevation), per application and staff memo of June 12, 1992. Awning over fan window facing Holm Avenue will be reduced in size to fit within the masonry opening. Attachments for all will be in mortar.

Conditions of Approval (continue on back if necessary):  None

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reasons for Denial (continue on back if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All improvements shall be carried out as shown on the plans and specifications as submitted by the applicant, except as modified to comply with the conditions of approval described above. Changes to the approved plans and specifications and any additional work which may be undertaken must be reviewed and approved by this office prior to construction, alteration or demolition. If, during the course of completing the approved work, conditions are encountered which prevent completing the approved work or which require additional or alternative work, you must apply for and receive a Certificate of Appropriateness or Non-Applicability PRIOR to undertaking additional or alternative work.

# Certificate of Flame Resistance



REGISTERED FABRIC  
OR  
CONCERN NUMBER

F-404.01

ISSUED BY

DICKSON . CONSTANT  
22599 Western Ave.  
Torrance, CA 90501

Date treated or  
manufactured

6/17/991

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR Barron Center Loring House ADDRESS Brighton Ave.  
CITY Portland STATE Maine

Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used \_\_\_\_\_ Chem. Reg. No. \_\_\_\_\_

Method of application \_\_\_\_\_

(b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used DIKO-LIT Reg. No. \_\_\_\_\_

The Flame Retardant Process Used will not Be Removed By Washing

EUGENE DELEPLANQUE

Name of Applicant or Production Superintendent

By [Signature]

SECRETARY

Title

FR-2

THIS REPRODUCIBLE artwork IS FOR THE EXCLUSIVE USE OF STATE FIRE MARSHAL LICENSED CONCERNS AND INDIVIDUALS FOR THE PRODUCTION OF REQUIRED FORMS.

Location:

Barnon Carter - homeing House  
Brighton Ave  
Portland 04102

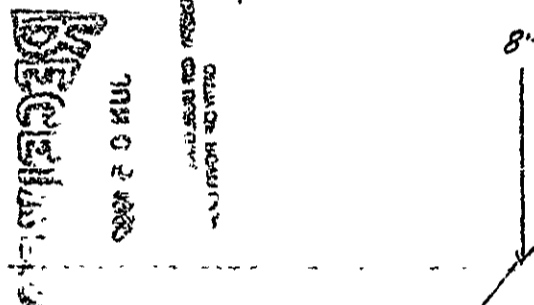
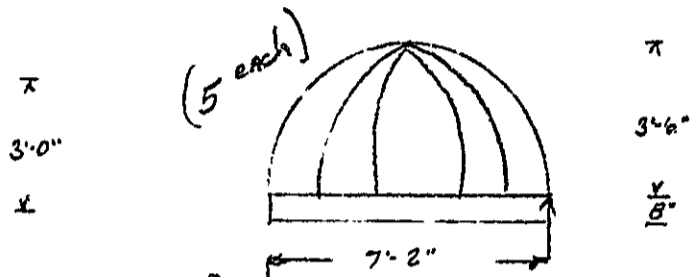
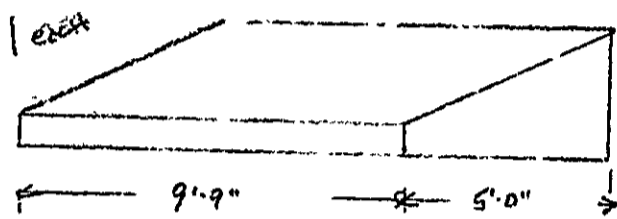
contractor: Custom Canvas

PO Box 2122  
So. Portland 04106  
755-0902

Material - Pyrotone #673 # #672

Installation - lagged into concrete  
with lead shields

Cost: \$2980.-



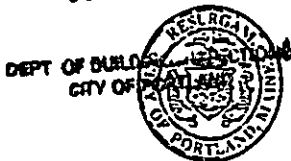
Private sidewalks



scale - 1/4" = 1'-0"  
DS

RECEIVED

JUN 05 1992



City of Portland
Department of Planning and Urban Development
Room 211 City Hall, 389 Congress Street
Portland, Maine 04101 207-874-8300

HISTORIC PRESERVATION
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Pursuant to review under the City of Portland's Historic Preservation Ordinance (Chapter 14, Article IX of the Portland City Code), application is hereby made for a Certificate of Appropriateness for the following work on the specified historic property:

Property Name and Address: Beacon Center (boarding house)

Applicant: (name) Custom Canvas (telephone) 799-0902
(company) David Swanson
(address) PO Box 2122
Portland ME

Property Owner, if different: (name) Beacon Center
(address) 1125 Brighton Ave
Portland
(telephone)

Architect (if any):
Contractor or Builder (if any):

Local Designation: within historic district: (name)
Landmark Contributing Non-contributing
National Register Status: Landmark District Not Applicable

Description of Proposed Work (Use additional sheets as necessary. Submit architectural sketches, plans, scale drawings, photographs, specifications, or other supporting documentation as required. All submission materials will be retained by the City. In the case of demolition or removal of a structure, the following indicates the proposed condition and appearance of the property thereafter):
entrance canopy

Work is proposed in conjunction with: Major site plan application. Minor site plan application.
Building permit application. None of the above.
Applicant's Signature: David Swanson 6/5/92
Owner's Signature (if different)

Note: No application fee. Applicant is responsible for costs of sending notices and placement of legal ad. Such costs shall be paid prior to issuance of Certificate/Building Permit or upon denial of Application.

FOR CITY USE ONLY
Historic Resource Inventory Number Assessor's Char/Block/Lot:
Date Application Submitted: 6/8/92 Date Application Complete

Att: HELEN

WRITTEN CONSENT AND AGREEMENT RELATING TO A CERTAIN SIGN OR AWNING PROPOSED TO BE ERECTED ON A BUILDING AT 1125 Brighton Ave (Loring House) IN PORTLAND, MAINE City Hospital Housing Associates being the owner of the premises at 1125 Brighton Ave in Portland, Maine hereby gives consent to the erection of a certain sign owned by Custom Canvas of Portland over the sidewalk or on the building from said premises as described in application to the Division of Inspection Services of Portland, Maine for a permit to cover the erection of said sign:

And in consideration of the issuance of said permit City Hospital Housing Assoc. owner of said premises, in event said sign shall cease to serve the purpose for which it was erected or shall become dangerous and in event the owner of said sign shall fail to remove said sign or make it permanently safe in case the sign still serves the purpose for which it was erected, hereby agrees for himself or itself, for his heirs, its successors, and his or its assigns, to completely remove said sign if in such condition and of order from him to remove it.

In Witness whereof, the owner of said premises has signed this consent and agreement this 14th day of May 19 92.

Helen McGinness  
Senior Property Manager  
Owner's signature

\_\_\_\_\_  
signature

RECEIVED  
JUN 05 1992

DEPT OF BUILDING INSPECTORS  
CITY OF PORTLAND