

PLUMBING PERMITS

Department of Public Works
Division of Public Utilities
1077 22nd St. Portland, ME 04106

City of Portland
Permit # 2,867
TODD CLIFT
PLUMBING INC.
1077 22nd St. Portland, ME 04106

Applicant Name: **M. C. NOTHEM**
Address: **117 1/2 AUGUSTA ST. PORTLAND ME 04106**
City: **PORTLAND ME 04106**

Owner/Applicant Statement
I hereby certify the information submitted is correct to the best of my knowledge and understand that any falsification is reason for denial of the permit and may result in denial of future permits.

Signature of Owner/Applicant: *[Signature]* Date: **4/25/88**

Caution: Inspection Required
I have inspected the installation and/or work and hereby certify compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: *[Signature]* Date: **4/27/88**

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 *Mobile Business*

Plumbing To be Installed By:

1. PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/TECHNICIAN
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE: **0-22-97**

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		Hose/Sibb / Silcock		Bathub (and Shower)
		Floor Drain		Shower (Separate)
OR HOOK-UP to an existing outside face castaway disposal system		Urinal		Sink
		Drinking Fountain		Wash Basin
PIPING RELOCATION of sanitary lines and piping with out new fixtures		Drain of Wast		Water Closet (Toilet)
		Water Treatment (Boiler, Filter, etc)		Hot Water
		Grease Oil Separator		Dish Washer
		Dental Cupboard		Machine Disposal
Number of Hook-Ups & Relocations		Bidet		Laundry Tray
Hook-Up & Relocation Fee		Other		Water Heater
		Fixtures (Subtotal) Column 2		Water Meter

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTION SERVICES
ELECTRICAL INSTALLATIONS

Date May 24, 1988

Receipt and Permit number 2-2162

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: 117 Auburn St 2nd Floor, Fairbrook Professional Bldg

OWNER'S NAME: Blackwell's Health Care ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>x</u> Switches <u>4</u> Plug load _____ ft TOTAL <u>1-30</u>	3.00
FIXTURES: (number of)	
Incaandescent <u>x</u> Fluorescent <u>x</u> (not strip) TOTAL <u>23</u>	4.00
Strip Fluorescent _____ ft	
SERVICES:	
Overhead _____ Underground _____ Temporal _____ TOTAL amperes _____	
METERS: (number of) <u>1</u>	.50
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) <u>1</u>	2.00
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 <u>1</u>	1.00
Transformers _____	
Air Conditioners Central Unit <u>1</u>	5.00
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs _____	
Alteration to _____	
Repairs after fire _____	
Emergency Lights, battery <u>1</u>	.50
Emergency Generators _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE: _____
FOR REMOVAL OF "STOP ORDER" (304-16.b)	DOUBLE FEE DUE: _____
	TOTAL AMOUNT DUE: <u>16.30</u>

INSPECTION:

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

CONTRACTOR'S NAME: Anthony Mancini Inc

ADDRESS: 179 Sheridan Street

TEL: 774-5820

MASTER LICENSE NO: 32 2436 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO: _____

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



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date APRIL 27, 1988
 Receipt and File Number 2173

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of the State of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 117 Auburn Street 2nd floor
 OWNER'S NAME: Esthetiques Skin Care ADDRESS: same

OUTLETS:		PERF.
Receptacles	Switches	Plugmold
TOTAL 1-30		3.00
FIXTURES: (number of)		
Incandescent	Flourescent	X (not strip) TOTAL
Strip Floor	ft	5.00
SERVICES:		
Overhead	Underground	Temporary
TOTAL amperage		
METERS: (number of)		
MOTORS: (number of)		
Fractional		
1 HP or over		
RESIDENTIAL HEATING:		
Oil or Gas (number of units)		
Electric (number of zones)		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler)		
Oil or Gas (by separate units)		2.00
Electric Under 30 kws	Over 20 kws	
APPLIANCES: (number of)		
Ranges	Water Heaters	
Cook tops	Disposals	
Wall Ovens	Dishwashers	
Dryers	1	Compactors
Washers		Others (denote)
TOTAL		
MISCELLANEOUS: (number of)		
Break Panels	1	1.00
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	X	1.00
over 30 amps		
Circus, Fairs, etc.		
Alterations to wires		
Repairs after fire		
Emergency Lights, battery	2	17.00
Emergency Generators		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE:	
FOR REMOVAL OF A "STOP ORDER" (204-16.b)	DOUBLE FEE DUE:	
	TOTAL AMOUNT DUE:	12.50

INSPECTION:
 Will be ready on April 27, 1988 ; or Will Call _____
 CONTRACTOR'S NAME: Anthony Mancini
 ADDRESS: 179 Sheridan Street
 TEL: 774-5829
 MASTER LICENSE NO.: 2436 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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

FACILITY INSTALLATIONS

Permit Number 28912

Location 113 [unclear] St. [unclear] Ave.

Date of Permit 4/29/88

Final inspection [unclear]

By Inspector [unclear]

Permit Application Register Page No. 30

INSPECTIONS: Service _____ by _____
Service called in _____
Closing in 4/29/88 by [unclear]

PROGRESS INSPECTIONS: _____

DATE	REMARKS

4/29/88

PERMIT # 584 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Fallbrook Realty

Address: 117 Auburn Street

LOCATION OF CONSTRUCTION: 117 Auburn Street 2nd floor

CONTRACTOR: Ledge Wood Inc SUBCONTRACTORS: _____

ADDRESS: 39 Portland Pier Portland 775-0741

Est. Construction Cost: 25,000 Type of Use: Offices

Past Use: _____

Building Dimensions: _____ Sq. Ft. _____ Stories _____ Lot Size: _____

Is Proposed Use: _____ Condominium _____ Apartment _____

Conversion - Explain: Renovate second floor of existing building into

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE office space as per plans

Residential Buildings Only: _____

Of Dwelling Units: _____ # Of New Dwelling Units: _____

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. Girde Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. 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 _____

For Official Use Only

Date: April 13, 1988 Subdivisor: Yes / No _____

Inside Fire Limits: _____ Name: _____

Stop Code: _____ Lot: _____

Time Limit: _____ Permit Extension: _____

Estimated Cost: 25,000 Ownership: _____ Public: _____

Value/Structure: _____ Private: _____

Fee: 165

Ceiling:

1. Ceiling Joists Size: _____ Spacing _____
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 _____
4. Other: _____

Chimney:

Type: _____ Number of Fire Place: _____

Heating:

Type of Heat: _____

Electrical:

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

Zoning:

District: _____ Street Frontage Req: _____ Provided _____

Required Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____

Planning Board Approval: Yes _____ No _____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shore and Floodplain Reg: _____ Special Exception _____

Other: _____ (Explain) _____

Date Approved: _____

Permit Received By: Lynda Bennett

Signature of Applicant: Marion Sanders Date: 4/13/88

Signature of CEO: Marion Sanders w/Ledge Wood Date: _____

Inspection Dates: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date: Jan 31 1987
 Permit Number: 2809339

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine

The undersigned hereby applies for a permit to make electrical installation in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 117 Admiral St. North Gate Shopping Ctr
 OWNER'S NAME: Rx. Hotham ADDRESS: same

OUTLETS:			
Receptacles	Switches	Piedmont	ft. TOTAL <u>100</u>
FIXTURES (number of)			
Incandescent	10 percent xx (not str)	TOTAL	<u>6.80</u>
Strip Fluorescent			
SERVICES:			
Overhead	Underground <u>xx</u>	Temporary	TOTAL amperes <u>800</u>
METERS: (number of)	<u>4</u>		<u>2.00</u>
MOTORS: (number of)			
Fractional			
1 HP or over			
RESIDENTIAL HEATING:			
Oil or Gas (number of units)			
Electric (number of rooms)			
COMMERCIAL OR INDUSTRIAL HEATING:			
Oil or Gas (by a 1 in boiler)			
Oil or Gas (by rate units)	<u>2</u>		<u>4.00</u>
Over 20 kw			
APPLIANCES: (number of)			
Ranges		Water Heaters	<u>1</u>
Cook Tops		Dishwashers	
Wall Ovens		Conveyors	
Dryers	<u>1</u>	Comfactors	
Fans	<u>4</u>	Others (describe)	
TOTAL	<u>6</u>		<u>9.00</u>
MISCELLANEOUS (number of)			
Branch Panels	<u>1</u>		<u>1.00</u>
Transformers			
Air Conditioning Central Unit	<u>1</u>		<u>5.00</u>
Separate Units (windows)			
Signs 20 sq ft and under			
Over 20 sq ft			
Switching Gears Above Ground			
In Ground			
Fire/Burglar Alarms Residential			
Commercial	<u>1</u>		<u>5.00</u>
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under			
over 30 amps			
Circuits, Fairs, etc.			
Alteration to wires			
Repairs after fire			
Emergency Lights, battery	<u>2</u>		<u>1.00</u>
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: 46.80

INSPECTION Will be ready on _____, 19__ or V " Call _____
 CONTRACTOR NAME: Marcini Elec
 ADDRESS: 179 Sheridan St.
 TEL.: 774-5829
 MASTER LICENSE NO.: 2436 SIGNATURE OF CONTRACTOR: Marcini Elec
 LIMITED LICENSE NO.: _____

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

INSPECTIONS: Serv. Co. Brooklyn by J. J. [unclear]
 Service called in 1/21/87
 Closing-in 1/21/87 by [unclear]

PROGRAM'S INSPECTIONS:
1/21/87
1/23/87
1/27/87

REGISTRATION STATE
 Permit Number C-10000000
 Licensee [unclear]
 Operator [unclear]
 Date of Permit 1/20/87
 Exp. Inspection 1/23/87
 Status [unclear]
 Permit Application Ref. # 177

DATE:	REMARKS:
3/27/87	Fund for Coy C Permit Floor
3/27/87	Ka is need to be identified and marked to show accounts. Cont. 1/2/87
4/8/87	Signed Coy A on date, but permit account still needs to be approved before issue. = 4/12/87

3/27/87

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3626

PROPERTY ADDRESS

Town Or Plantation: PORTLAND ME
 Street: 119 ...
 Subdivision Lot #: ...

PROPERTY OWNERS NAME

Last: FURIBON III, RICHARD CTR.
 Applicant Name: L.T. ROSENBERG INTL.
 Mailing Address of Owner/Applicant (if different): 390 ...

PORTLAND 3873 TOWN COPY

Date Permit Issued: 6.5.90 \$ 1.00 FEE Double Fee Charged

L.P.I. # 0,1,2,3

Local Plumbing Inspector Signature: _____

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: ... Date: ...

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: _____ Date Approved: JUN 20 1990

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: office

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 # 2,23,4,7

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type Of Fixture		Column 1 Type Of Fixture	
	Number	Type Of Fixture	Number	Type Of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing sub-surface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hose/bibb / Sillcock		Bathub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	3	Sink
		Drinking Fountain	1	Wash Basin
		Irrec: Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspldor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2		6	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee				Fixtures (Subtotal) Column 2
			16	Total Fixtures
			\$ 18.	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 18.	Permit Fee
				Total

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date May 9, 1989, 19
 Receipt and Permit number 01301

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: 117 Auburn St. Suite D 2nd floor
 OWNER'S NAME: Leggewood Inc. ADDRESS: _____

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL <u>1-XX 30</u>	3.00
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>14</u> (not strip) TOTAL <u>14</u>	XX 3.40
Strip Fluorescent _____ 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 boiler) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____ <u>1</u> _____	Others (denote) _____
TOTAL _____	1.50
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u> _____	1.00
Transformers _____	
Air Conditioners Central Unit <u>1</u> _____	5.00
Separate Units (windows) _____	
Signs: 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
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 <u>1</u> _____50
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: <u>14.40</u>

INSPECTION:
 Will be ready on May 9, 1989; or Will Call ~~_____~~
 CONTRACTOR'S NAME: Anthony Mancini
 ADDRESS: 179 Sheridan St.
 TEL.: _____
 MASTER LICENSE NO.: 2436 SIGNATURE OF CONTRACTOR: Anthony Mancini
 LIMITED LICENSE NO.: _____

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

ELECTRICAL INSTALLATIONS—

Permit Number 01301

Location 117 Auburn St

Owner LEDGE Island

Date of Permit 5/9/89

Final Inspection 6/2/89

By Inspector [Signature]

Permit Application Register Page No. 63

INSPECTIONS: Service _____ by _____
Service called in _____
Closing-in 5/11/89 by [Signature]

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:	REMARKS:
<u>5/11/89</u>	<u>ROUGH - F.W.</u>

CODE
COMPLIANCE
COMPLETED
DATE 6/2/89

RECEIVED BY: _____
DATE: _____

RECEIVED BY: _____
DATE: _____

RECEIVED BY: _____
DATE: _____

RECEIVED BY: _____
DATE: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date June 8, 1989
 Receipt and Permit number 02388

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: 117 Auburn St.
 OWNER'S NAME: Dr. Hothem ADDRESS: same

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	3.00
METERS: (number of) <u>1</u> ..	.50
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under <u>1</u> ..	2.50
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 _____	
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: <u>6.00</u>	

INSPECTION:
 Will be ready on _____, 19__; or Will Call XX
CONTRACTOR'S NAME: ~~XXXXXX~~ Anthony Mancini
ADDRESS: 179 Sheridar St. Portland
TEL.: 774-5829
MASTER LICENSE NO.: 2436 **SIGNATURE OF CONTRACTOR:**
LIMITED LICENSE NO.: _____ Michael G. Mancini

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

INSPECTIONS: Service 100 Amp - 30 Amp Panel
 Service called in 6/16/89
 Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

ELECTRICAL INSTALLATIONS -
 Permit Number 008 SE
 Location W. 1st Street
 Owner W. 1st Street
 Date of Permit 6/16/89
 Final Inspection 6/16/89
 By Inspector James
 Permit Application Register Page No. 25

DATE:	REMARKS:

CODE COMPLIANCE COMPLETED
 DATE 6/16/89

PERMIT # 001587 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Dr. M. C. Hothem - 797-4148

Address: 117 Auburn St., Portland, ME 04103

LOCATION OF CONSTRUCTION 117 Auburn Street

CONTRACTOR: Covne Sign ~~XXXXXXXXXXXX~~ 772-4144

ADDRESS: 92 Industrial Parkway, Saco, ME 04072

Est. Construction Cost: _____ Type of Use: Doctors office
 Past Use: same & Professional Bldg.

Building Dimensions: L: _____ W: _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain: To remove exist. pole sign & Erect new

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE pole sign, 8'x8'

Residential Buildings Only: _____ # Of Dwelling Units _____ # Of New Dwelling Units _____ 64 sq. ft.,

_____ as per plan.

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

For Official Use Only	
Date: <u>Feb 14 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$37.80</u>	

Ceiling:

- Ceiling Joists Size: _____
- Ceiling Strapping Size _____ Spacing _____
- Type Ceilings: _____ Size: FEB 21 1989
- Insulation Type _____
- Ceiling Height: _____

Roof:

- Truss or Rafter Size _____ Span _____
- Sheathing Type _____ Size _____
- Roof Covering Type _____
- Other _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

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 Joyce M. Rinaldi

Signature of Applicant NASSOR CHARVEN Date 2-14-89

Signature of CEO AS Agent For owner Date _____

Inspection Dates (4) ML

White-Tag Assessor

Yellow-GPCOG

White Tag -CEO

© Copyright GPCOG 1987

Department of Human Services
Division of Health Engineering
(407) 265-5170

Center Permit Required

Permits shall be issued and a permit to allow work by
the local plumbing inspector. The Permit shall authorize the
owner or master plumber to install the plumbing in accordance with this
application and the State Plumbing Rules.

Owner Applicant Statement

I hereby certify that I am the owner of the premises and I am applying for a permit to install plumbing in accordance with this application and the State Plumbing Rules.

Qualifying Inspection Agency

I hereby certify that I am a qualified inspection agency as defined in the State Plumbing Rules.

This application is for:	Type of Structure To Be Served:	Numbering To Be Provided:
<input type="checkbox"/> NEW PLUMBING	<input type="checkbox"/> SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/> FACTORY PLUMBING
<input type="checkbox"/> REPAIRS AND PERMITS	<input type="checkbox"/> MODIFIED COMMERCIAL	<input type="checkbox"/> ON-BRANDING
	<input type="checkbox"/> MULTIPLE FAMILY DWELLING	<input type="checkbox"/> MFG. HOURING LESSER MECHANIC
	<input type="checkbox"/> OTHER - SPECIFY _____	<input type="checkbox"/> PLUMBING EMPLOYEE
		<input type="checkbox"/> SECURITY SERVICE

Number of Existing Permits	Number	Job Title	License	Expiration Date
Water Supply		Master Plumber		
Sanitary Sewer		Master Plumber		
OR				
ROOF LINE		On-site Plumber		
		Industrial Waste		
		Water Treatment/Collection		
		Gas/Electrical		
		Permitting		
		Other		

SEE SCHEDULE
FOR FEE SCHEDULE

15

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3026

PROPERTY ADDRESS:

Town Or Plantation: PORTLAND, ME

Street Subdivision Lot #: 117 AUBURN ST. SUITE D

PROPERTY OWNERS NAME:

Last: Fairbrook Medical Assoc.
First:

Applicant Name: L.T. PLUMBING + HEATING, INC.

Mailing Address of Owner/Applicant (If Different): 385 MAIN ST. REAR UNIT #1
5 PORTLAND ME 04106

PORTLAND PERMIT # 3,416 TOWN COPY

Date Permit Issued: 12/11/89 \$ 112.00 FEE Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 11213

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] Date: 5/11/89

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: [Signature] Date Approved: 5/11/89

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 PLUMBING

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 # 1251685

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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain	1	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	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: _____	1	Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
			10	Fixtures (Subtotal) Column 2
			3	Total Fixtures
			\$ 9.00	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 9.00	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PERMIT # 111-111-5 CITY OF Portland BUILDING-PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Dr. M. C. Hotham - 797-4148

Address: 117 Auburn St., Portland, ME 04103

LOCATION OF CONSTRUCTION 117 Auburn Street

CONTRACTOR: Come Sim SUBCONTRACTORS: 772-4144

ADDRESS: 92 Industrial Parkway, Saco, ME 04072

Est. Construction Cost: _____ Type of Use: Doctors office

Past Use: same & Professional Bldg.

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion: Explain To remove exist. pole sign & erect new

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE pole sign, 8'x8'

Residential Buildings Only: _____ 64 sq. ft.,

Of Dwelling Units _____ # Of New Dwelling Units _____ as per plan.

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 _____
6. Other Materials _____

For Official Use Only	
Date: <u>Feb. 14, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost _____	Permit Expiration: _____
Value/Structure _____	Ownership: _____
Fee <u>\$37.80</u>	Public _____ Private _____

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 _____
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 OK 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.

Zoning:

District B-2 Street Frontage Req.: _____ Provided _____

Required Setbacks: Front _____ Back _____ 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 2-14-89

OK W.M.H.

Permit Received By Joyce M. Rinaldi

Signature of Applicant NASSY Charan Date 2-14-89

Signature of CEO AS AGENT FOR OWNER Date _____

Inspection Dates _____

08-11-5

White-Tax Assessor

Yellow-GPCOG

White Tag - CEO

Copyright GPCOG 1987

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 37.80
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

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

COMMENTS 11-24-89 Sign by city from waterline yard
6-5-89 Sign has been put up

Signature of Applicant Nasser Channani Date 2-14-89
As Agent For Owner



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 117 Auburn Street

Issued to Fallbrook Realty

Date of Issue June 1, 1989

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. 88/384, 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

Second Floor, Suite D

Offices

Limiting Conditions:

None

This certificate supersedes
certificate issued

Approved:

Ed. Smith
Inspector

Samuel Hiffey
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.

Certificate of Occupancy
Fallbrook Realty
117 Auburn St

Second floor Suite D
Office

Made



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 117 Auburn Street

Issued to **Failbrook Realty**

Date of Issue **May 27, 1988**

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. 88-384, 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

2nd floor - Suite A

offices

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

5/27/88 *K. Taylor*
(Date) Inspector

M. Schmidt
Inspector of Buildings

D. P. Ruser
E. A. Jordan

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.



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 117 Auburn Street
Date of Issue June 23, 1988

Issued to Fallbrook Realty

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. 88-384, 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

Limiting Conditions: 2nd floor - Suite B offices
Grounding around all water meters shall comply with Article 250-81(A), 1987 Edition of the National Electrical Code.

This certificate supersedes certificate issued

Approved:

[Signature]
Inspector

[Signature]
Inspector of Buildings

[Signature]

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



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

Issued to **Fallbrook Realty**

LOCATION

117 Auburn Street

Date of Issue **September 19, 1988**

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. **88-384**, 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
2nd floor - Suite C

APPROVED OCCUPANCY
OFFICES

Limiting Conditions:

This certificate supersedes
certificate issued

Approved: *9/19/88 K. Taylor*

DR
E. G. Jordan

(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.

PERMIT # 3110174 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

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

Owner: Fallbrook Realty

Address: 117 Auburn Street

LOCATION OF CONSTRUCTION 117 Auburn Street - 2nd floor

CONTRACTOR: Ledge wood Inc. SUBCONTRACTORS: _____

ADDRESS: 39 Portland Pier Portland 775-0741

Est. Construction Cost: 25,000 Type of Use: Offices

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain Renovate second floor of existing building into

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE office space as per plans

Residential Buildings Only

Of Dwelling Units _____ # Of New Dwelling Units _____

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 _____

For Official Use Only	
Date <u>April 13, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost <u>25,000</u>	Permit Expiration _____
Value/Structure _____	Ownership: Public _____ Private _____
Fee <u>145</u>	

Celling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size APR 22 1988
5. Ceiling Height: _____

Roof:

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

Zoning:

District B-1 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 OK. W.D. Jensen April 13, 1988

Permit Received By Lynne Benoit

Signature of Applicant [Signature] Date 4/13/88

Signature of CEO [Signature] Date 4-20-88

Inspection Dates _____

17 Auburn - 2nd fl.

PLOT PLAN

4/29- Framing OK - OK to close
5/27- Suite A OK for 4/0
6/23- Suite B OK for 4/0
9/19 Suite C OK for 4/0
2/2/89- Almost completed. Only Suite D remains unoccupied.
3-9-89 shall call when ready
5-31-89 Suite D OK for 4/0



FEES (Breakdown From Front)	Type	Inspection Record	Date
Base Fee \$ 145 - pd 4/13/88			/ /
Subdivision Fee \$			/ /
Site Plan Review Fee \$			/ /
Other Fees \$			/ /
(Explain)			/ /
Late Fee \$			/ /

COMMENTS

Signature of Applicant Maxim Sanders Date _____

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

October 27, 1992

RE: 117 Auburn Street

Normand Berube
1040 Rt. 1
Saco, ME 04072

Dear Sir:

Your application to build 75' X 35' dental offices as per plans at 117 Auburn Street 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.

Fire Prevention Requirements

1. Rails shall be 34" in height.
2. Means of egress shall be illuminated - Section 5-8.
3. Means of egress shall have signs in accordance with - Section 5-10.
4. Interior finishes shall comply with Section 6-5.
5. Portable extinguishers shall be installed according to N.F.P.A. 10.

Building Code Requirements

1. The roof load must be designed for a minimum live load of 40 pounds per square foot with no reductions.
2. All starred items on the attached building permit report must be met. (#1,2,3,9,10,11,13,14, & 15)

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

Sincerely,

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

Marge Schmuckal
Asst. Chief of Inspection Services

/el

cc: LT. Wallace Garroway, Fire Prevention Bureau

BUILDING PERMIT REPORT

ADDRESS: 117 Auburn Street DATE: 10/26/92

REASON FOR PERMIT: to build 35' x 35' dental offices AS per plans

BUILDING OWNER: Dr. Pamela Anzenc

CONTRACTOR: Norman Berube

PERMIT APPLICANT: contractor

APPROVED: with letter of conditions (#1, 2, 3, 9, 10, 11, 13, 14, 15)

CONDITION OF APPROVAL:

- *1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection.)
- *2.) Precaution must be taken to protect concrete from freezing.
- *3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 101 Chapter 18 & 19.

(over)

8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

* 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening. Handrails on stairs shall be no less than 34 inches nor more than 38 inches. Handrails within individual dwelling units shall not be less than 30 inches nor more than 38 inches. For more detail on guards & handrails see Article 8 section 824.0 and 825.0 of the BOCA National Building Code.

* 10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

* 11.) 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.

12.) Stair construction in Use Group R-3, R-4, is a minimum of 9" tread and 8-1/4" maximum rise.

* 13.) Headroom in habitable spaces is a minimum of 7'6".

* 14.) The minimum headroom in all parts of a stairway shall not be less than 6 feet 8 inches.

* 15.) All construction and demolition debris must be disposed of at the RWS by a licensed carrier or solid waste at the City's authorized reclamation site. The fee rate is attached. Proof of such disposal must be furnished to the office of Inspection Services before final certificate of occupancy is issued or demolition permit is granted.

Sincerely,

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

/e1
11/16/88-11/27/90-8/14/91-9/2/92-10/14/92

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

October 27, 1992

RE: 117 Auburn Street

Normand Berube
1040 Rt. 1
Saco, ME 04072

Dear Sir:

Your application to build 35' X 35' dental offices as per plans at 117 Auburn Street 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.

Fire Prevention Requirements

1. Rails shall be 34" in height.
2. Means of egress shall be illuminated - Section 5-8.
3. Means of egress shall have signs in accordance with - Section 5-10.
4. Interior finishes shall comply with Section 6-5.
5. Portable extinguishers shall be installed according to N.F.P.A. 10.

Building Code Requirements

1. The roof load must be designed for a minimum live load of 40 pounds per square foot with no reductions.
2. All starred items on the attached building permit report must be met. (#1,2,3,9,10,11,13,14, & 15)

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

Sincerely,

Marge Schmuckal
Marge Schmuckal
Asst. Chief of Inspection Services

/el

cc: LT. Wallace Garroway, Fire Prevention Bureau

930584

\$120.00

Permit # City of Portland BUILDING PERMIT APPLICATION Fee \$2500.00 Zone Map # Lot#
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Chartwell Home Therapies Phone # 800-827-7744
 Address: 411 Waverley Oaks Rd. Waltham, MA 02154
 LOCATION OF CONSTRUCTION 117 Auburn St. Suite D
 Contractor: Murray Const, Sub:
 Address: P.O. Box 2530 So. Portland 04106 Phone # 799-8136
 Est. Construction Cost: 20,000 Proposed Use: prof. office
 Past Use: prof 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 to make interior renovations

For Official Use Only **PERMIT ISSUED**
 Date July 6, 1993 Subdivision:
 Inside Fire Limits: Name:
 Bldg Code: L: 11-9-1993
 Time Limit: Ownership: Public
 Estimated Cost: 20,000 **CITY OF PORTLAND**
 Zoning:
 Street Frontage Provided:
 Provided Setbacks: Front Back Side Side
 Review Required:
 Zoning Board Approval: Yes No Date:
 Planning Board Approval: Yes No Date:
 Conditional Use: Variance Site Plan Subdivision
 Shoreland Zoning Yes No Floodplain Yes No
 Special Exception
 Other (Explain)

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

Floor:
 1. Sills Size: Sills must be anchored.
 2. Girder Size:
 3. Lally Column Spacing: Size:
 4. Joists Size: Spacing 16" C.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 or Landmark
 2. Ceiling Strapping Size Spacing Does not require review
 3. Type Ceilings: Requires Review
 4. Insulation Type Size
 5. Ceiling Height:
 Roof:
 1. Truss or Rafter Size Span Action: Approved
 2. Sheathing Type Size Approved with conditions
 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:
 3. Must conform to National Electrical Code and

PERMIT ISSUED WITH LETTER
 Permit received By Labeled
 Signature of Applicant William Espagnette Date 7/6/93
 Signature of CEO Date
 Inspection Dates

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 299-3926

PROPERTY ADDRESS
Town Or Plantation: Portland
Street Subdivision Lot #: 117 Auburn Street

PROPERTY OWNERS NAME
Last: Fallbrook Professional Building
First: _____

Applicant Name: Thomas R. Kelley

Mailing Address of Owner/Applicant (if Different): P.O. Box 1272
Scarborough, ME 04070

PORTLAND 4839 TOWN COPY

Date Permit Issued: 7/27/93 \$ 120.00 FEE Charged Double Fee Charged

Local Plumbing Inspector Signature: Arthur Rowe L.P.I. # 01124
Chief Plumbing Inspector

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

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

Signature of Owner/Applicant: _____ Date: _____
Local Plumbing Inspector Signature: Arthur Rowe Date Approved: 7-27-93

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: Office

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 # 0, 1, 6, 8, 7

Number	Hook-Ups And Piping Relocation	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.		Hose/bibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	4	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
			Grease/Oil Separator		Dish Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Dental Cuspldior		Garbage Disposal
			Bidet		Laundry Tub
			Other:		Water Heater
	Hook-Ups (Subtotal)				
\$	Hook-Up Fee				
			Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
				5	Total Fixtures
				\$ 20.	Fixture Fee
				\$.	Hook-Up Fee
				\$ 20.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 7/20/93 19
 Receipt and Permit number 3014

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: 117 Auburn St. (Chartwell Home Therapies)
 OWNER'S NAME: Falibrook Co ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>7</u> Switches <u>1</u> Plugmold _____ ft. TOTAL <u>8</u>	<u>1.60</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>3</u> (not strip) TOTAL <u>3</u>	<u>.60</u>
Strip Fluorescent _____ 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 kw's <u>3</u> Over 20 kw's _____	<u>15.00</u>
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL _____	
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
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: 17.20

INSPECTION:
 Will be ready on 7/21 - pm, 1993; or Will Call _____
 CONTRACTOR'S NAME: Seabee Elect
 ADDRESS: Anderson St- Ptd
 TEL: 774-4880
 MASTER LICENSE NO.: Wm Gagnon # 03014 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

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



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date 1/20/ 19 93
 Receipt and Permit number 6620

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: 117 Auburn Street
 OWNER'S NAME: Owan Pickus/ Fallbrook Prof. ADDRESS: 117 Auburn St.
 Bldg. _____ FEES _____

OUTLETS: Receptacles 2 Switches _____ Plugmold _____ ft. TOTAL 240

FIXTURES: (number of) Incandescent _____ Flourescent _____ (not strip) TOTAL _____
 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 _____
 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 DOUBLE FEE DUE:
 FOR REMOVAL OF A "STOP ORDER" (304-16.b)
 TOTAL AMOUNT DUE: 15.00

INSPECTION: Will be ready on _____, 19 ____; or Will Call XX
 CONTRACTOR'S NAME: Brian Eastman
 ADDRESS: 10 Percy Hawks Rd., Windham, Me.
 TEL.: 892-0150
 MASTER LICENSE NO.: 16670 SIGNATURE OF CONTRACTOR: Brian Eastman
 LIMITED LICENSE NO.: _____

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

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION 117 Auburn St.

Issued to James Kirsh, D.O. - lessee Date of Issue 12/2/93

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. , 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

Suite C

professional office space

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

12-2-93

(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.

930975

Permit # 930975 City of Portland BUILDING PERMIT APPLICATION Fee \$130 Zone _____ Map # _____ Lot# _____

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

Owner: James Kirsh; D.O. Phone # 9286 774-0873
 Address: 615 Forest Ave- Ptld, ME 04101
 LOCATION OF CONSTRUCTION 117 Auburn St. Suite C
 Contractor: De Sign Technol. Sub: 793-6685
 Address: Box 124A - Cornish, ME Phone # 04020
 Est. Construction Cost: 22,000 Proposed Use: prof office bldg
 Past Use: prof office bldg
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions 5 W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion interior renovations - 2nd floor

For Official Use Only
 Date 10/14/93 Subdivision: _____
 Inside Fire Limits _____ Name: OCT 21 1993
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: CITY OF PORTLAND
 Estimated Cost: 22,000

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) WNA - 7-10-15-93

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

Floor: Owen Pickus, D.O. - prop owner
 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: _____ Spacing _____
 2. Ceiling Strapping Size _____ Spacing _____
 3. Type Ceilings: _____ Size _____ Requires Review _____
 4. Insulation Type _____
 5. Ceiling Height: _____
 Roof:
 1. Truss or Rafter Size _____ Spacing: _____ Approved _____
 2. Sheathing Type _____ Size _____ Approved with Conditions _____
 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 Footing _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase Date _____
PERMIT ISSUED WITH LETTER
 CONTINUED TO REVERSE SIDE
 Ivory Tag - CEO
C. Cunningham
Mr. Rowo

White - Tax Assessor

930584 995-4050 190 Riverside \$120.00
 Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$200.00 Zone _____ Map # _____ Lot # _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Chartwell Home Therapies Phone # 800-927-7744
 Address: 411 Waverley Oaks Rd, Waltham, MA 02154
 LOCATION OF CONSTRUCTION 117 Auburn St, Suite D
 Contractor: Murray Const. Sub: _____
 Address: P.O. Box 2530 So. Portland 06946 # 799-8136
 Est. Construction Cost: 20,000 Proposed Use: prof. office
 Past Use: prof. 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 to make interior renovations

For Official Use Only
 Date July 6, 1993
 Inside Fire Limits _____
 Bldg Code _____
 Time Limit _____
 Estimated Cost 20,000
 Subdivision _____
 Name of _____
 Ownership _____
PERMIT ISSUED
JUL 9 1993
CITY OF PORTLAND

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 _____

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

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

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Type: _____ Number of Fire Places _____
 Heating: Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
 Plumbing:
 1. Approved for use _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Code _____
 Permit received By Latini

PERMIT ISSUED WITH LETTER

PERMIT ISSUED WITH LETTER

Signature of Applicant William ESPaignette Date 7/6/93
 Signature of CEO _____ Date _____
 Inspection Dates _____

PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 120.00
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

2nd floor	Type	Inspection Record	Date
Building	Work/No Access		11 29 1983
All work	Completed		3 12 1984
			1 1 1984
			1 1 1984
CASE		X	3 12 1984

COMMENTS three sheets of plans submitted (no NOTIFICATION for resp.)

Signature of Applicant _____ Date _____

Inspection Services
Samuel P. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

July 8, 1993

Murray Construction
P.O. Box 2330
So. Portland, ME 04106

Re: 117 Auburn St
Suite D

Dear Sir,

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

1. Portable fire extinguishers shall be provided.
2. Fire alarm system shall be extended to new space.
3. A fire alarm acceptance report shall be submitted to the Portland Fire Department.
4. All exit signs, lights and egress lighting shall be done in accordance with Article 8, sections/subsections 822/823 of the City's building code (30CA 1990).

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

Sincerely,

Samuel Hoffses
Chief of Inspection Services

cc: LT McDougall, Fire Prevention Bureau

CHARTWELL

HOME
THERAPIES

June 23, 1993

F.P. Murray, Inc.
131 Ocean Street
South Portland, ME 04106
ATT: Mike Martin

Dear Mike:

Chartwell Home Therapies requests a quote from your firm for the tenant improvements at the Fall Brook Professional Building, 117 Auburn Street Portland, ME 04104. Phillips Design Resources has prepared a second set of drawings to be used for design intent. These drawings include Furniture, Reflected Ceiling, Construction, Electrical, and Finish components. The drawings were altered to accommodate bathroom renovations which would comply with ADA specifications.

The scope of the work that we intend you to bid on includes the following:

1. Demolition of the existing spaces as required.
2. Design and build the mechanical / HVAC systems - reuse duct work wherever possible.
3. Design and build electrical systems - maintain current locations of electrical panels.
4. Design and build life safety systems according to local code and tie these systems into the existing building system.
5. Design and change sprinkler systems to accommodate proposed design.
6. Removal of all building materials.
7. Construction to begin June 28, 1993 and to be completed August 1, 1993.
8. The telephone and data communication cabling will be performed by another vendor but conduits is to be provided where appropriate, ex. the floor jacks in the reception area.

Please contact me at 617-899-1654 x 243 if you have any questions or need to make arrangements for a walk through of the existing space. We request that the responses are returned by Tuesday, June 29, 1993 so we can make a decision by Thursday, July 1, 1993. Responses should be mailed to me at the address below or faxed to 617-899-5165

Sincerely,



Robert Pollock
Director of New Program Development

Enclosure

WHERE TODAY'S INNOVATIONS
BECOME TOMORROW'S TRADITIONS.

411 WAVERLY OAKS ROAD WALTHAM, MA 02154
617/899-7772 800/827-7744

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