940201

FILL IN AND SIGN WITH INK

PERMIT ISSUED
MAR 29 1994
CITY OF PORTLAND

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, March 25, 1994

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 1133 Washington Ave. Use of Building Nursing Home No. Stories 1 New Building / Existing " X

Name and address of owner of appliance St. Joseph's Manor

XXX Installer's name and address Scribner & Iverson Inc. Telephone 797-9441

P.O. Box 1779 Portland, ME 04104

General Description of Work

To install new boiler

IF HEATER, OR POWER BOILER

Location of appliance boiler room Any burnable material in floor surface or beneath? no

If so, how protected? Kind of fuel? propangas/oil

Minimum distance to burnable material, from top of appliance or casing top of furnace 5 feet

From top of smoke pipe ALL CONCRETE From front of appliance ALL CONCRETE From sides or back of appliance

Size of chimney flue 16 INCH Other connections to same flue no

If gas fired, how vented? roof Rated maximum demand per hour 2.8 mbh

Will sufficient fresh be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Webster Labelled by underwriters' laboratories? yes

Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? top

Type of floor beneath burner concrete Size of vent pipe 1¼ inch

Location of oil storage above ground outside Number and capacity of tanks 1 10,000 gallons

Low water shut off yes Make MM No.

Will all tanks be more than five feet from any flame? yes How many tanks enclosed? none

Total capacity of any existing storage tanks for furnace burners none

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?

If so, how protected? Height of Legs, if any

Skirting at bottom of appliance? Distance to combustible material from top of appliance?

From front of appliance From sides and back From top of smokepipe

Size of chimney flue Other connections to same flue

Is hood to be provided? If so, how vented? Forced or gravity?

If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

License # 5512
Cost of work $12,500

Amount of fee enclosed? $85.00

APPROVED:
10-13-94

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Signature of Installer

CS 300

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

7 David Jordan

Permit No. 940201

Location 1133 Washington

Owner St. Joseph Manor

Date of permit 4-29-94

Approved 12-13-94

NOTES

Tanks Installed outside
above ground and Covered by
a 1/sq Roof
dbl lined Tank on cradle

Permit # 940274 City of Portland **BUILDING PERMIT APPLICATION** Fee 50.00 Zone _____ Map # _____ Lot # _____

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

PERMIT ISSUED
APR 15 1994
CITY OF PORTLAND

Owner: St Joseph's Manor Phone # 797-0600 ext 171

Address: 1133 Washington Ave Ptld, ME 04103

LOCATION OF CONSTRUCTION 1133 Washington Ave

Contractor: MR. Brewer Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: 5,950.00 Proposed Use: Nursing Home w/reno

Past Use: Nursing Home

# 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 Board up corridor by installing 4 fire doors & per plans

For Official Use Only

Date 11 Apr 94

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: Name _____ Lot _____

Ownership: Public _____ Private _____

Zoning: R-3

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) _____

HISTORIC PRESERVATION

Not in District nor Landmark

Does not require review

Requires Review

Action: Approved

Approved w/ conditions

Denied

Date: 4/15/94

Signature: [signature]

408-D-005

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: Kerosene

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 12 Type SA
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 [signature] Date 11 Apr 94

Marc Remy

CEO's District 7

CONTINUED TO REVERSE SIDE

7 MR. Jordan

White - Tax Assessor

Ivory Tag - CEO

PLOT PLAN

N

FEES (Breakdown From Front)

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

Inspection Record

Type	Date
Heating	5 / 11 / 94
Door / Framing	none
Duct / Hung	10 / 13 / 94
	/ /
	/ /
CLOSE X	/ /

COMMENTS 5-11-94 no work on Corridor / Furnace system installation started / Doors 3/4 hrs Fire rated OK By S. Holmes

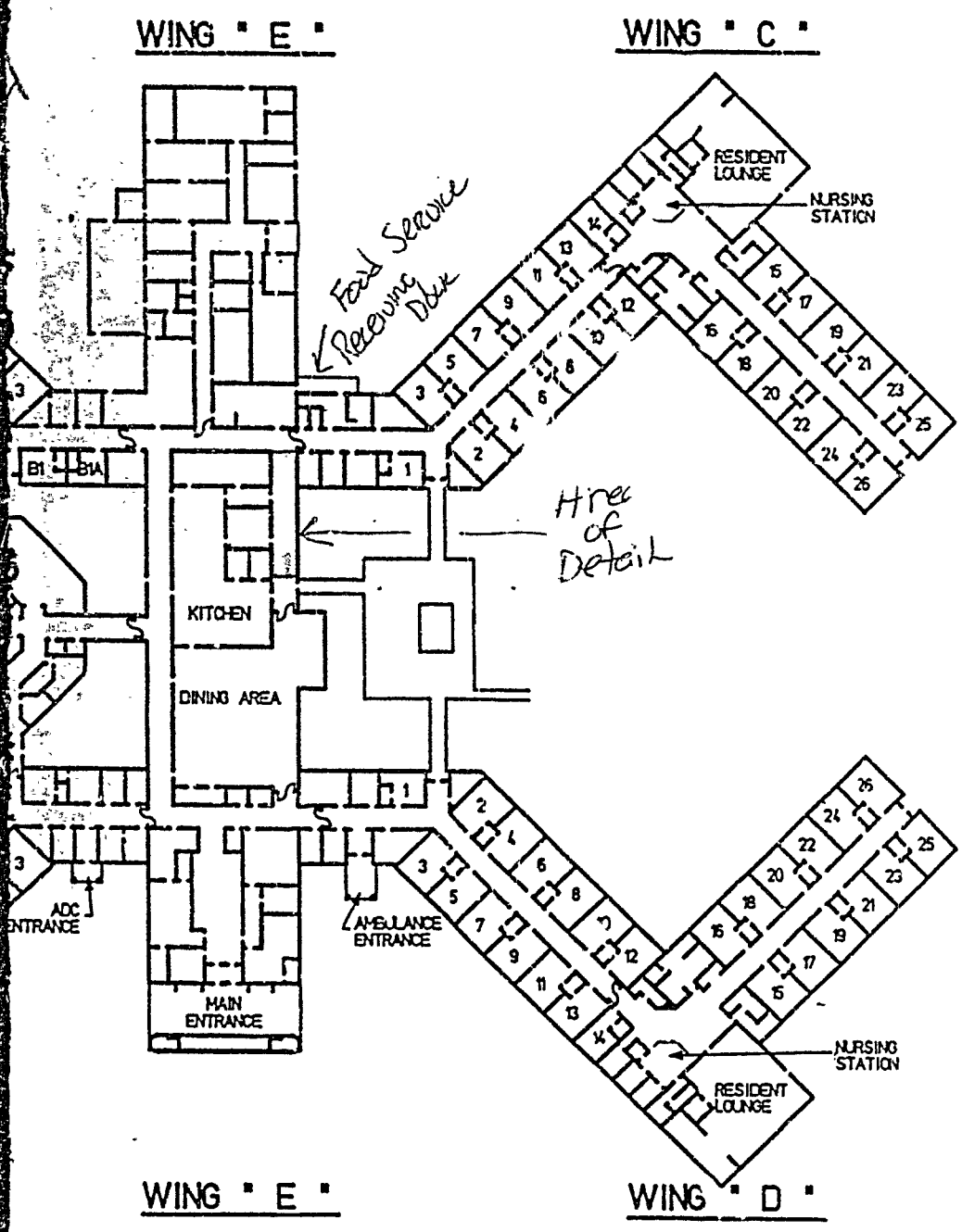
CERTIFICATION

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.

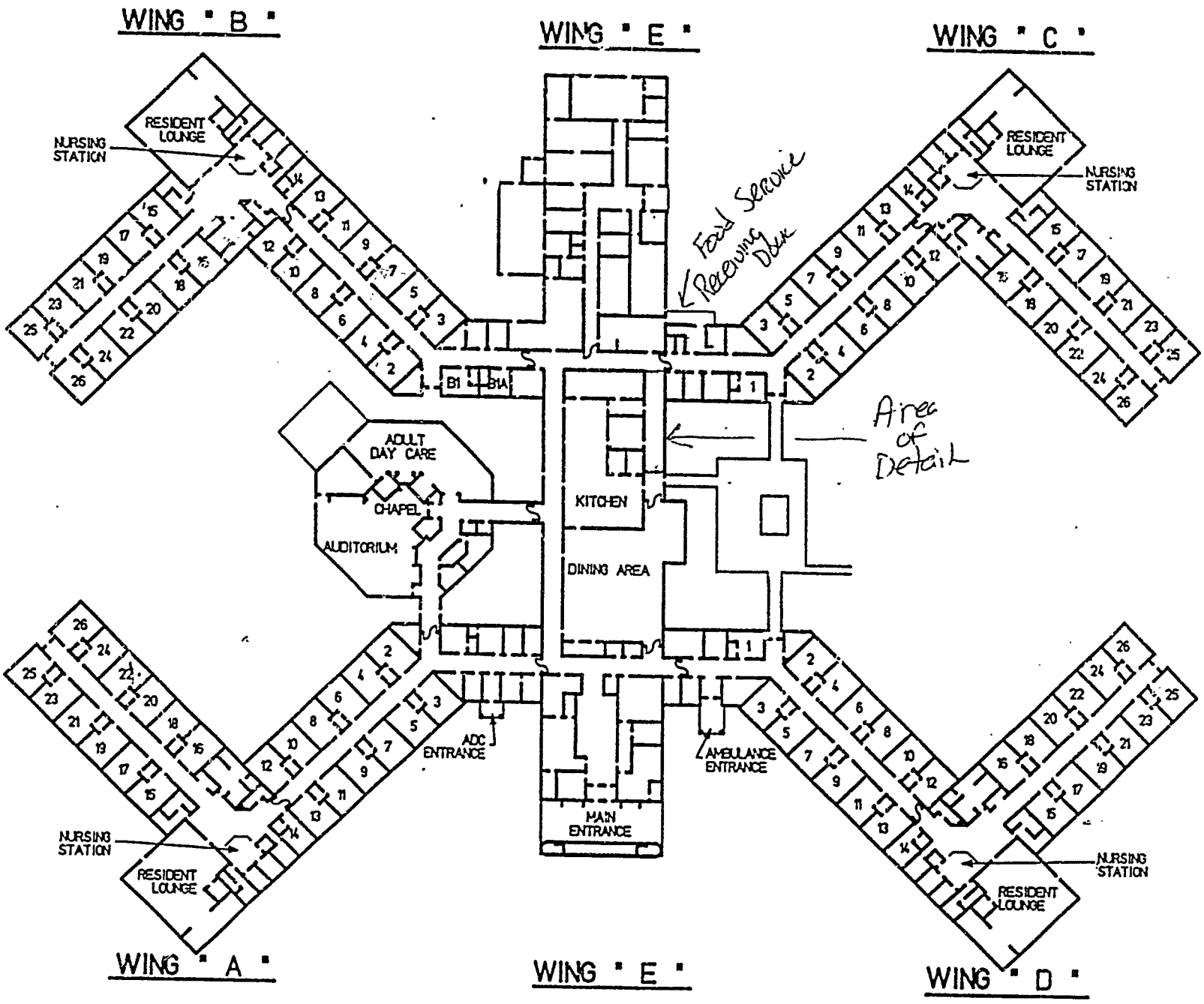
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | PHONE NO.

T. JOSEPH'S MANOR



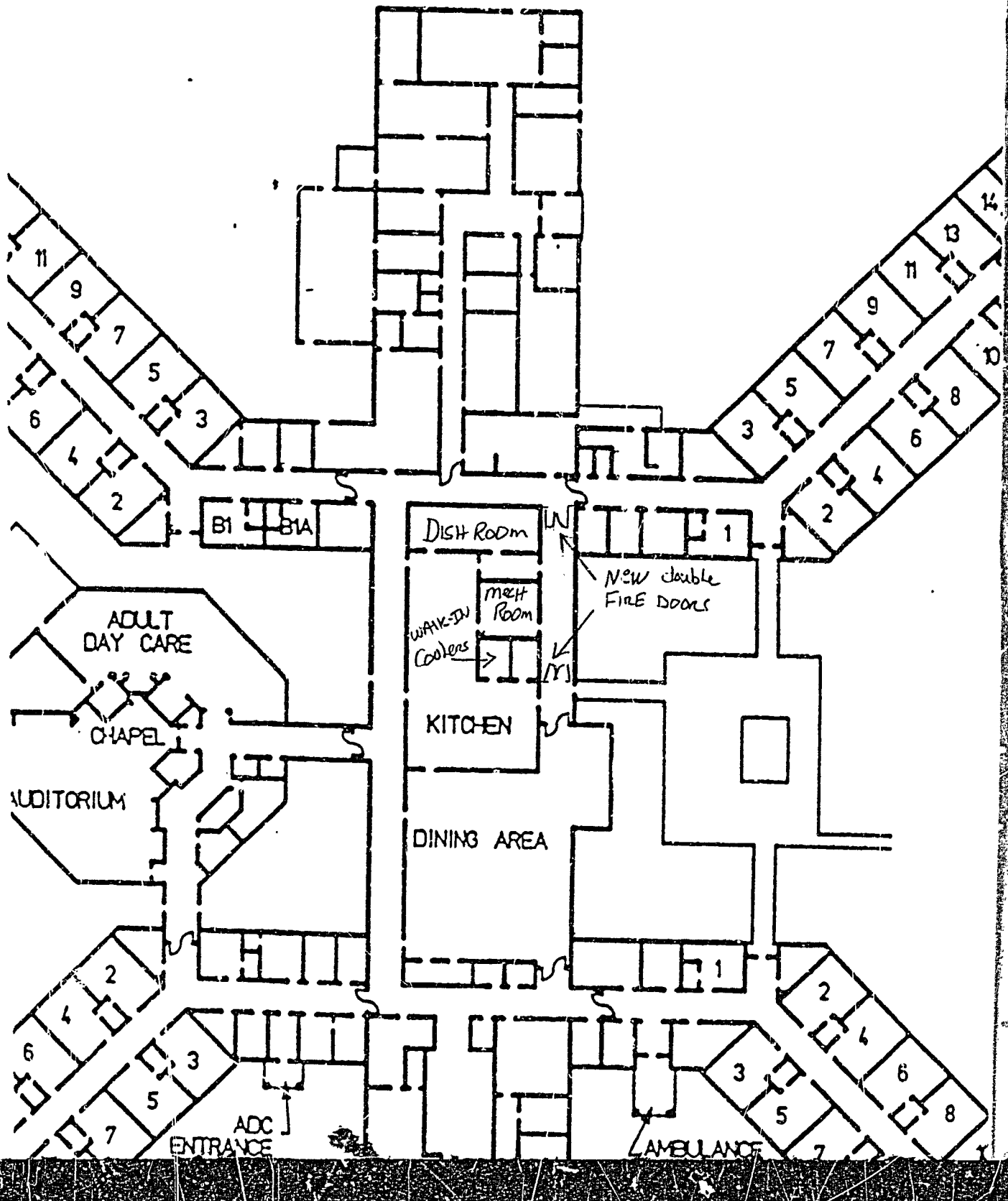
Kitchen Corridor Project
o Closing In Work Corridor behind Kitchen

ST. JOSEPH'S MANOR



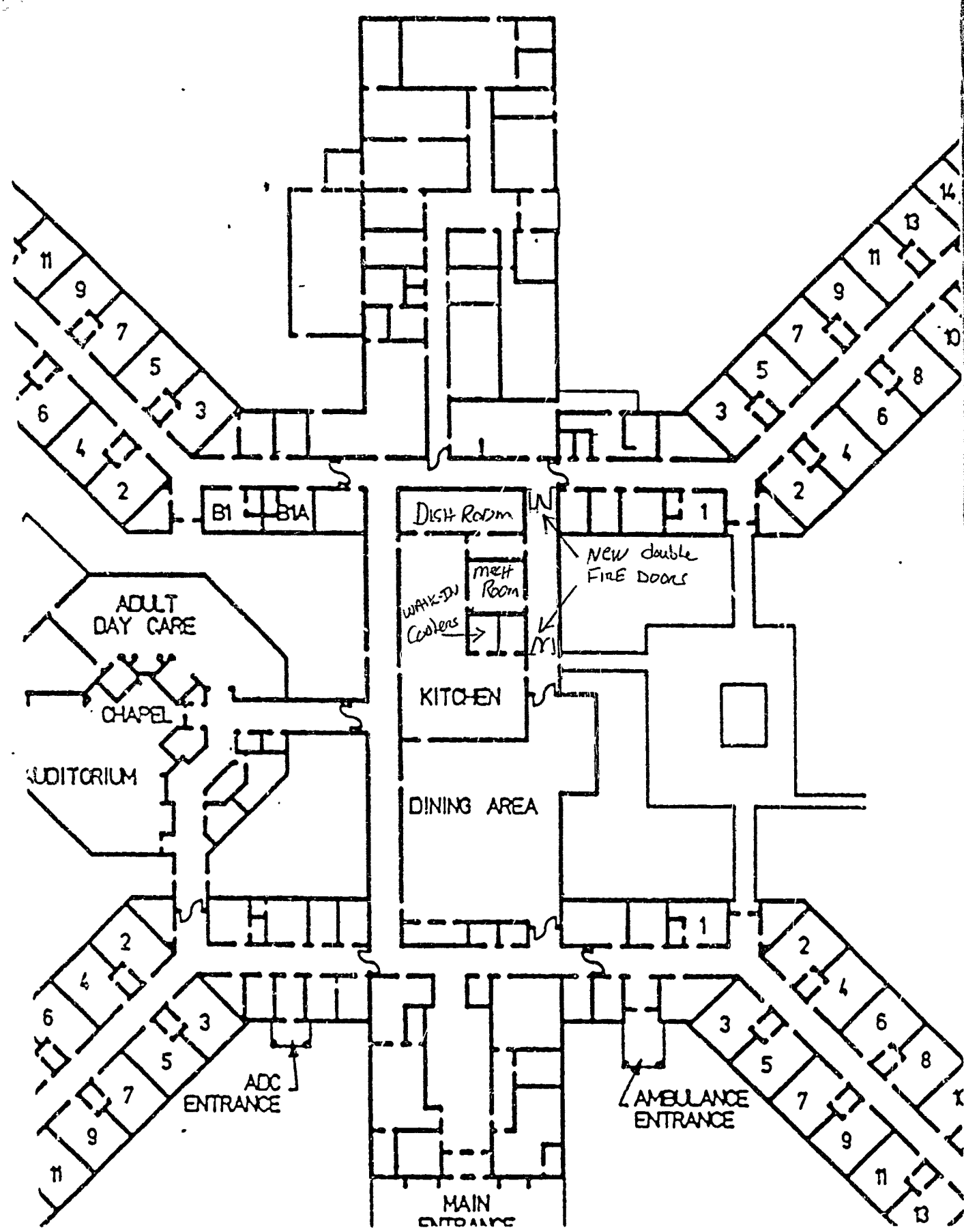
ST. JOSEPH'S MANOR

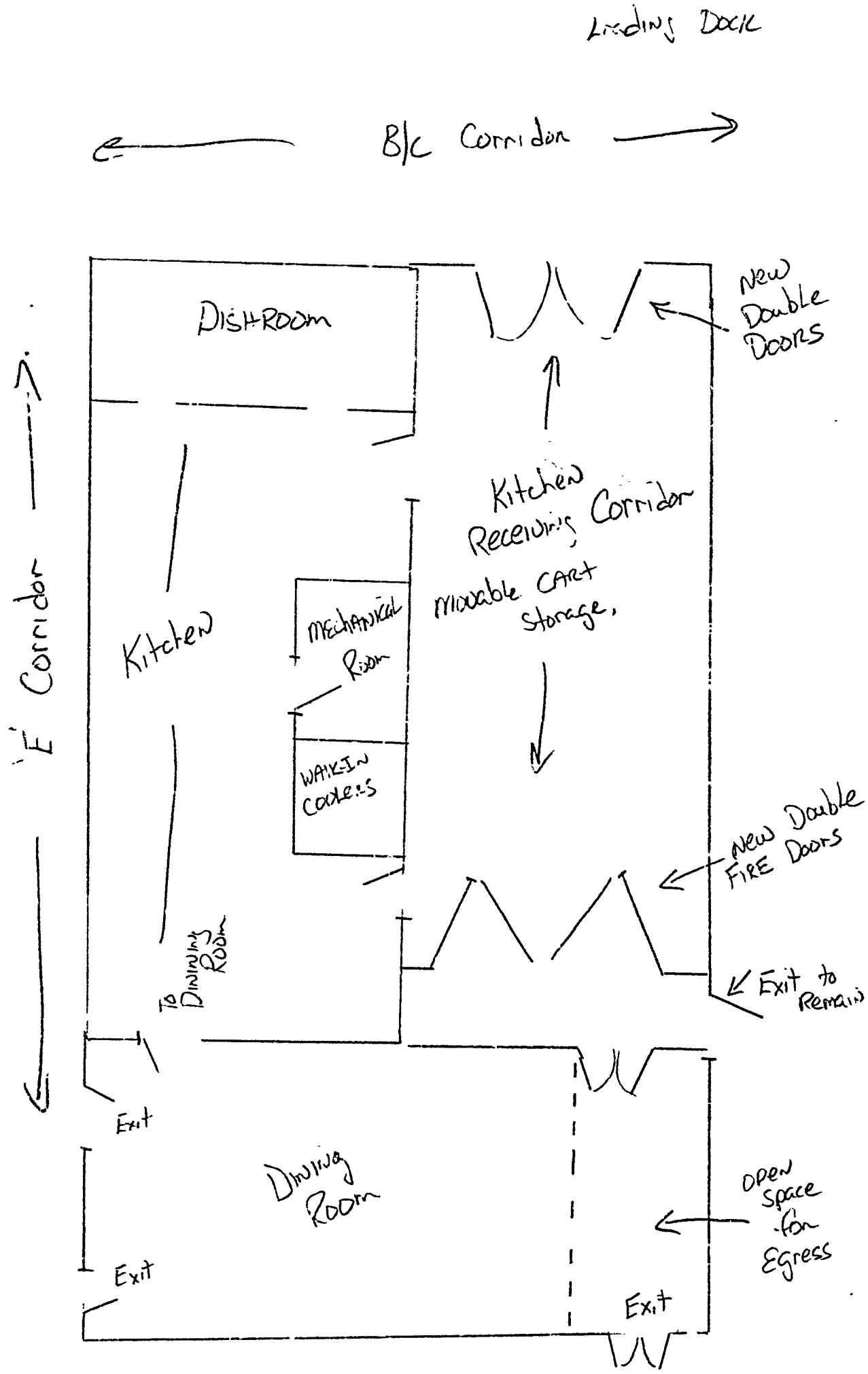
WING " E "



ST. JOSEPH'S MANOR

WING " E "




Loading Dock
B/C Corridor
DishRoom
New Double Doors
Kitchen Receiving Corridor
Corridor
Kitchen
Mechanical Room
Moveable Cart Storage
WALK-IN Coolers
New Double Fire Doors
To Dining Room
Exit to Remain
Exit
Dining Room
Open Space for Egress
Exit
Exit

Saint Joseph's Manor
1133 Washington Ave.
Portland, ME 04103

Project: Closing In Kitchen Receiving Corridor

Start Date: May 1994 Cost. $ 6,000

Project Scope: Close in corridor behind kitchen for receiving function and storage of movable carts when not in use. Materials to be fire rated and wall to be sealed to upper floor joist.

Purpose: To maintain a safer environment for both food service employees and the residents of St. Joseph's Manor. Rear fire egress to patio area to remain as is for dining room function. Current corridor is not used as emergency egress and fire egresses do not change.

Permit Cost: $ 25 for 1st $ 1,000
$ 5 for each additional $ 1,000
Permit cost = $ 50

Contractor Cost: $ 5,950
See quotation dated 1/14/93 by M.R. Brewer Co.

In-house: Relocate existing light fixture
Rework wall railing system

Proposal

M.R. BREWER FINE WOODWORKING, INC.

P.O. Box 3035
PORTLAND, MAINE 04104
(207) 797-7534

PROPOSAL SUBMITTED TO: Mr. Mark Reny		PHONE	DATE: January 14, 1993
STREET: St. Joseph's Manor 1133 Washington Avenue		JOB NAME	
CITY, STATE AND ZIP CODE: Portland, Maine 04103		JOB LOCATION	
ARCHITECT	DATE OF PLANS		JOB PHONE

We hereby submit specifications and estimates for:

We are pleased to quote you a price to close off corridor behind the kitchen by erecting two 2x4 walls with a pair of 3070 flush oak doors in each wall. Doors to be 20 minute fire rated. A 5"x 24" glass window in one door of each pair, closers on all doors, automatic flush bolts on one door of each pair and panic hardware on the others. Install floor stops to keep door from hitting walls. Cut handrail back to accept new walls. Install new vinyl base. Walls to be prepped and ready for paint. Our price does not include any painting, electrical or plumbing.

Material	4,150.00
Labor	1,800.00
	5,950.00

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Five thousand nine hundred and fifty dollars ($ 5,950.00).

Payment to be made as follows:

as requisitioned

After 30 days 1½% interest will be charged on all overdue bills (18% per annum

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature: Malcolm R Brewer

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Date of acceptance: _____

Signature _____

NOTES

Permit No.

Location

Owner

Date of permit

Approved

1. 1 1/2 FILL PIPE
2. 1 1/4 VENT PIPE
3. Kind of heat
4. Burner rigidity & support
5. Name & Label
6. Remote control
7. High limit control
8. [illegible] switch
9. [illegible] cutoff
10. [illegible] control
11. [illegible] support & protection
12. [illegible] supply line
13. [illegible] wiring
14. Tank [illegible] & support
15. Oil gauge
16. Instruction card
17. [illegible] leaks
18. [illegible] ventilation
19. [illegible] combustible
20. [illegible]

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XXX Installer's name and address Scribner & Iverson Inc. Telephone 797-9441

P.O. Box 8779 Portland, ME 04104

General Description of Work

To install new boiler

IF HEATER, OR POWER BOILER

Location of appliance boiler room Any burnable material in floor surface or beneath? no

If so, how protected? Kind of fuel? propane gas/oil

Minimum distance to burnable material, from top of appliance or casing top of furnace 5 feet

From top of smoke pipe ALL CONCRETE From front of appliance ALL CONCRETE From sides or back of appliance

Size of chimney flue 18 INCH Other connections to same flue no

If gas fired, how vented? roof Rated maximum demand per hour 2.8 mbh

Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

IF OIL BURNER

Name and type of burner Webster Labelled by underwriters' laboratories? yes

Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? top

Type of floor beneath burner concrete Size of vent pipe 14 inch

Location of oil storage above ground outside Number and capacity of tanks 1 10,000 gallons

Low water shut off yes Make MM No.

Will all tanks be more than five feet from any flame? yes How many tanks enclosed? none

Total capacity of any existing storage tanks for furnace burners none

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath?

If so, how protected? Height of Legs, if any

Skirting at bottom of appliance? Distance to combustible material from top of appliance?

From front of appliance From sides and back From top of smokepipe

Size of chimney flue Other connections to same flue

Is hood to be provided? If so, how vented? Forced or gravity?

If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

License # 5512
Cost of work $12,500

Amount of fee enclosed? $35.00

APPROVED:

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Signature of Installer

CS 300

INSPECTION FILE APPLICANT'S ASSESSOR'S COPY

DAVID Jordan