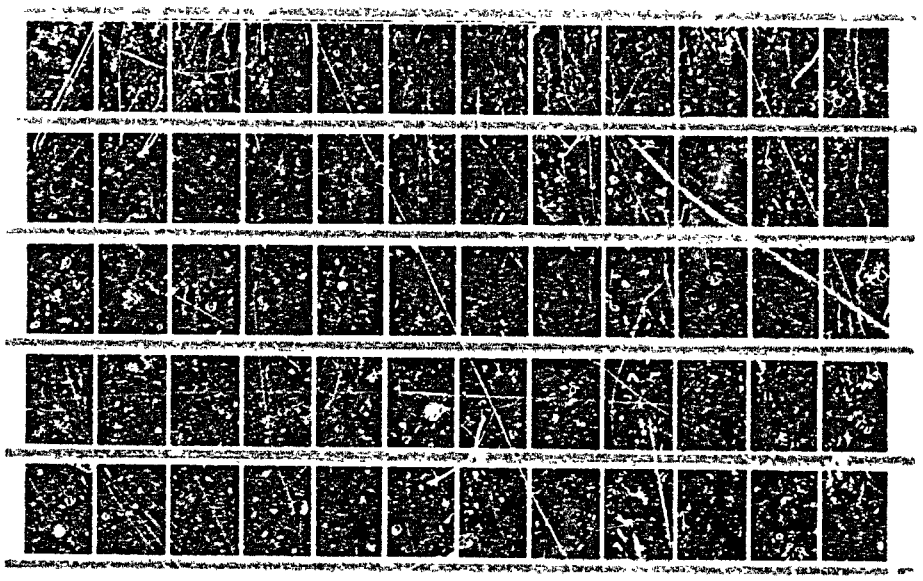
1133 Washington Ave. St. Josephs Manor #1-6



HARRIMAN ASSOCIATES
Architects • Engineers
292 COURT ST., AUBURN, MAINE 04210
PHONE (207) 784-5728

March 18, 1983

Mr. Randy Spoffard
St. Joseph's Manor
1133 Washington Avenue
Portland, Maine 04103

Dear Randy:

Re: St. Joseph's Manor
Alterations and Adult Day Care Center
Portland, Maine
Project No. 81-126

Reference is made to the City of Portland's letter regarding Building Permit comments.

Please be advised that while the Plans indicate a 45 lb. live load for roof trusses, the actual capacity is in excess of the 50 lb. live load the City of Portland is requiring. This occurs in the fact that the assumed dead load at the time of structural analysis of 35 lbs. is actually not being applied and, therefore, the additional live load can be increased by the additional 5 lbs.required.

If there are questions, feel free to call. We are also sending a copy of this letter to Mr. Hoffses for his records.

Very truly yours,

ALONZO J. HARRIMAN ASSOCIATES, INC.

By_____
John C. Sargent

JCS/rlj

cc: Mr. Ron Tardiff
Mr. P. S. Hoffses

July 15, 1982

Mr. Teco Brown
Div. of Review Planning
Bureau of Land Quality Control
Dept. of Environmental Protection
State House
Augusta, Maine 04330

Gentlemen:

Re St. Joseph's Manor
Alterations and Adult Day Care Center
Portland, Maine
Project No. 81-126
DEP #69-1303-05170 (extension to)

As an extension to the original DEP Application for St. Joseph's Manor, we are submitting for review and approval 1 copy each of Drawings A-1 (Original Site Plan) dated August 5, 1974 and SSD-1 (Site Plan for Proposed Additions) dated 6/29/82.

Please note that the additions entail very minor site work, the only new utilities being 2 new catch basins tieing in to an existing storm line. Water, sewer, and electric tie in to the existing building. There will be no additional parking nor road work involved with this project. A public notice will be published inthe newspaper with copies of the notice mailed to the abutting property owners.

Anticipated start of construction is Fall of 1982 with completion in Summer of 1983.

If there are any questions regarding this project, please do not hesitate to call.

Very truly yours,

ALONZO J. HARRIMAN ASSOCIATES, INC.

By _____ for
John C. Sargent

AJD

Enc: Drawing No. A-1 (73-232) (1)
Drawing No. SDD-1 (81-126) (1)

cc: Mr. Ron Tardif
EMB,JCS,BES,AJD,A/E,FILE

NOTE: Use this form or one containing identical information.

APPLICANT SHALL SEND THIS NOTICE

(To owners of abutting property, municipal officials and newspapers)

Please take notice that: St. Joseph's Manor, Inc.
(Name of Applicant)

of 510 Ocean Avenue, Portland, Maine
(Address of Applicant)

is filing an application for a Site Location Permit with the Maine Department of Environmental Protection, pursuant to the Provisions of Title 38 MRSA Sec. 481-489 to: Construct a 6,000 S.F. Adult Day Care Center to be attached to the present facilities located in Portland, Maine. No additional parking will be required.
(State specifically what is to be done)

in the town of

The application will be filed for public inspection at the Department's Office in Augusta and at the municipal offices on July 16 (Date), 19 82

Written comments on the application should be sent to the Department of Environmental Protection within 14 days of filing of the application to receive consideration.

Request for a public hearing must also be sent to the Department within 14 days of filing of the application.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE HOUSE STATION 17 AUGUSTA, MAINE 04333

STAFF ORDER

IN THE MATTER OF

ST. JOSEPH'S MANOR Portland, Maine, Cumberland County BUILDING EXPANSION #69-1303-05170 (Addition)	)	SITE LOCATION ORDER FINDINGS OF FACT AND ORDER

After reviewing the project file which includes the application with its supportive data, agency review comments, staff summary and other related materials on file with regard to the above noted project, under provisions of Title 38, M.R.S.A., Sec. 483, the Department finds the following facts:

1. The applicant proposes extensions to an existing building to include an adult day care area, a staff dining area, and a sunroom. The original building is 70,730 sq. ft.; and the additions total 6,579 sq. ft. In addition, 2 new catch basins will be installed, tying into an existing storm line.

   The changes are shown on an undated site plan, SDD-1, submitted on July 19, 1982.

2. The applicant has provided adequate evidence of financial capacity and technical ability to meet air and water pollution control standards.

3. The applicant has made adequate provision for solid waste disposal, the control of offensive odors, and the securing and maintenance of sufficient and healthful water supplies.

4. The applicant has made adequate provision for traffic movement of all types out of or into the development area.

5. The applicant has made adequate provision for fitting the development harmoniously into the existing natural environment and the development will not adversely affect existing uses, scenic character or natural resources in the municipality or in neighboring municipalities.

6. The proposed development will be built on soil types which are suitable to the nature of the undertaking.

THEREFORE, the Department APPROVES the application of ST. JOSEPH'S MANOR to expand their building as proposed subject to the following terms and conditions:

1. The Standard Conditions of Approval, a copy attached.

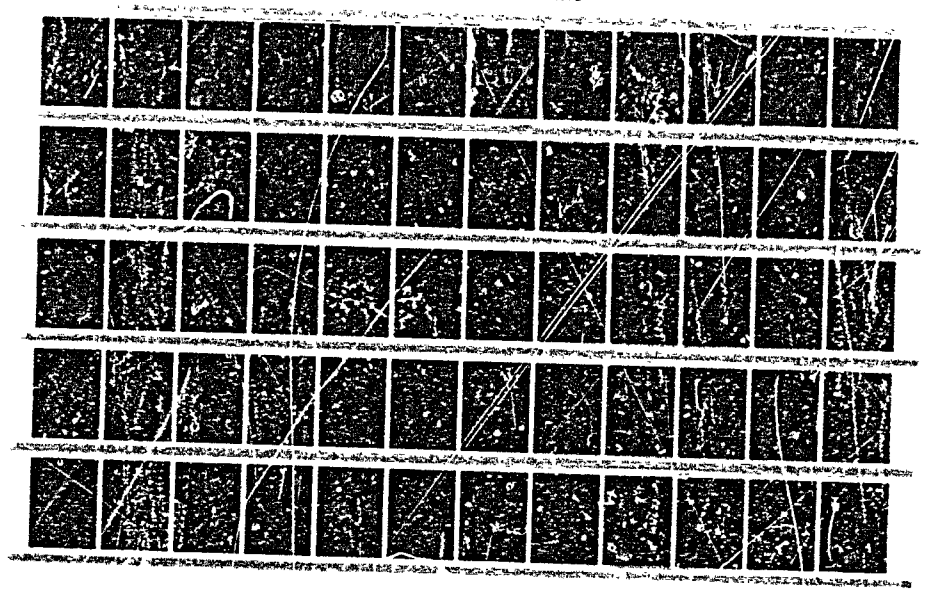
DONE AND DATED AT AUGUSTA, MAINE, THIS 22ND DAY OF JULY, 1982.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

BY: _____
HENRY E. WARREN, Commissioner

PLEASE NOTE ATTACHED SHEET FOR APPEAL PROCEDURES....

1133 Washington Ave. St. Josephs Manor #1-6



APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date February 4, 19 83

Receipt and Permit number A 92592

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: 1133 Washington Avenue

OWNER'S NAME: St. Joseph's Manor ADDRESS: same

		FEES
OUTLETS:		
Receptacles 28 Switches 49 Plugmold ____ ft. TOTAL 77	✓	6.70
FIXTURES: (number of)		
Incandescent 75 Flourescent 74 (not strip) TOTAL 149	✓	16.90
Strip Flourescent 26 ft.	✓	3.00
SERVICES:		
Overhead ____ Underground ____ Temporary ____ TOTAL amperes ____		
METERS: (number of) ____		
MOTORS: (number of)		
Fractional 14	✓	7.00
1 HP or over ____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) ____		
Electric (number of rooms) ____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) ____		
Oil or Gas (by separate units) ____		
Electric Under 20 kws x 12 Over 20 kws ____	✓	5.00

APPLIANCES: (number of)

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

MISCELLANEOUS: (number of)		
Branch Panels 3	✓	3.00
Transformers 2	✓	4.00
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 1	✓	5.00
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under ____		
over 30 amps ____		
Circus, Fairs, etc. ____		
Alterations to wires ____		
Repairs after fire ____		
Emergency Lights, battery ____		
Emergency Generators ____		
INSTALLATION FEE DUE:		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
TOTAL AMOUNT DUE:		50.60

INSPECTION:

Will be ready on ____, 19__; or Will Call x

CONTRACTOR'S NAME: E. S. Boulos Co.

ADDRESS: 40 Circus Time Rd., So. Portland, Me.

TEL.: 772-3706

MASTER LICENSE NO.: 3291

LIMITED LICENSE NO.: ____

SIGNATURE OF CONTRACTOR: Edward A. Boulos

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 22592

Location 1133 Wallington Ave

Owner — St. Joseph Hosp.

Date of Permit 2-4-83

Final Inspection 11-2-83

By Inspector Libby

Permit Application Register Page No. 139

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in ~~2~~ 2-8-83 by Libby

PROGRESS INSPECTIONS: _____ / _____ / _____

2-25-83, 11-2-83, _____ / _____

3-29-83, _____ / _____

4-19-83, _____ / _____

5-2-83, _____ / _____

7-25-83 _____ / _____

CODE COMPLIANCE COMPLETED DATE 1-2-8~

DATE	REMARKS:
2-8-83	Close-in staff meeting room.

1133 WASHINGTON AVE. ST. JOSEPHS MANOR 8-7

APPLICATION FOR PERMIT

PERMIT ISSUED
SEP 25 1985
City Of Portland

B.O.C.A. USE GROUP .....
B.O.C.A. TYPE OF CONSTRUCTION ..... 1099 ✓
ZONING LOCATION ..... PORTLAND, MAINE Sept. 23 ..., 19...

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 .....1133 Washington Avenue - St. Joseph's Manor... Fire District #1 ☐, #2 ☐
1. Owner's name and addre Roman Catholic Bishop of Portland ..... Telephone 797-66000
2. Lessee's name and address ..... 510 Ocean Avenue ..... Telephone .....
3. Contractor's name and address .....Randy Spofford - 21 Carroll St.. Telephone .797-5285.
..... West ..... No. of sheets .....
Proposed use of building St. Joseph Manor & nursing HOme ..... No. families .....
Last use .. same ..... No. families .....
Material ..... No. stories ..... Heat .. .. Style of roof ..... Roofing .....
Other buildings on same lot .....
Estimated contractural cost $. 165,000..

Appeal Fees	$ .....
Base Fee	845.00 .....
Late Fee	.....
TOTAL	$ .....

FIELD INSPECTOR—Mr. .....
@ 775-5451

To construct 4 - 15' x 46' 1 story additions to day rooms as per plans. 2 sheets of plans.

send permit to # 1 St. Josephs 04103

Stamp of Special Conditions

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? no ..... Is any electrical work involved in this work? .yes.....
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 ..... of 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*
BUILDING INSPECTION—PLAN EXAMINER .....
ZONING: .....
BUILDING CODE: .....
Fire Dept.: .....
Health Dept.. . .....
Others: .....

MISCELLANEOUS

Will work require disturbing of any tree on a public street? no..

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 Applicant ..... Phone # same.....
Type Name of above ..... Randy Spofford for Roman Catholic Bishop of Maine ..... 1☐ 2☐ 3☒ 4☐
Other .....
and Address .....

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

940274

Permit # _____ 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.

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

Address: 113 Washington Ave Ptld, ME 04103

LOCATION OF CONSTRUCTION 133 Washington Ave

Contractor: M.R. 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 as per plans

408-D-005

For Official Use Only

APR 15 1994

CITY OF PORTLAND

Date 11 Apr 94

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: Name _____ Lot _____

Ownership: _____ Public _____ Private

Zoning: B-2

Street Frontage Provided: _____

Provided Setbacks: Front _____ Rear _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) _____

HISTORIC PRESERVATION

Not in District or Landmark

Does not require review

Requires review

Action: Approved

Approved with conditions

Denied

Signature: _____

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

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 Toilets 2 Type 5A
4. No. of Lavatories 2
5. No. of Other Fixtures _____

Swimming Pools:

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

Permit Received By Mary Gresik

Signature of Applicant _____ Date 11 Apr 94

Marc Remy

CEO's District _____

CONTINUED TO REVERSE SIDE

7 ma, Sordan

White - Tax Assessor

Ivory - CEO

Permit # 940432 City of Portland **BUILDING PERMIT APPLICATION** Fee 10.00 Zone R-3 Map # 13-111-24-94 Lot # 1

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

Owner: St Joseph's Manor Phone #

Address: 1133 Washington Ave Prtld, ME 04101

LOCATION OF CONSTRUCTION: 1133 Washington Ave

Contractor: Cleanharbors Sub:

Address: 17 Main St So. Portland, ME 04106 Phone # 799-8111

Est. Construction Cost: Proposed Use: Nursing home w/o tank

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: Remove underground storage tank

For Official Use Only

Building Info

Date: 26 April 1994

Inside Fire Limits:

Bldg Code:

Time Limit:

Estimated Cost:

Name: MAY 17 1994

Lot: Public

Current Use: CITY OF PORTLAND

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) 5-16-94

HISTORIC PRESERVATION

Not in District or Landmark. Does not require review.

Approved with conditions

Denied

Date: 5-16-94

Signature:

PERMIT ISSUED WITH REQUIREMENTS

Foundation:

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

Floor:

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

Exterior Walls:

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

Interior Walls:

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

Ceiling:

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

Roof:

1. Trusses Rafter Size Span
2. Sheathing Type Size
3. Roof Covering Type

Chimneys:

Type: Number of Fire Places

Heating:

Type of Heat:

Electrical:

Service Entrance Size: Smoke Detector Required Yes No

Plumbing:

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

Swimming Pools:

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

Permit Received by Mary Gartrick

Signature of Applicant Date 26 Apr '94

CEO's District E-11 McCusker

CONTINUED TO REVERSE SIDE

White - Tax Assessor Ivory Tag - CEO

PERMIT ISSUED WITH REQUIREMENTS

16 Mr Russo

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	Portland, ME
Street Subdivision Lot #	1133 Washington Ave.

PROPERTY OWNERS NAME

Last: St. Joseph's Mentor

Applicant Name:	Scribner & Iverson, Inc
Mailing Address of Owner/Applicant (If Different)	P.O. Box 8779 Portland, ME. 04104

PORTLAND 3938 TOWN COPY

Date Permit Issued: 5/14/90 $ 16.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: Thomas W. Woodward C.P.I. # 0132

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: William Lund Date: 5-4-90

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: MAY 7 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: Nursing home

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 # 0511 2

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type Of Fixture
☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR ☐ HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Silicock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		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	1	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			1	Total Fixtures
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			$ 6.	Fixture Fee
			$.	Hook-Up & Relocation Fee
			$ 6.	Permit Fee Total

TOWN COPY

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	1133 Washington Ave.

PROPERTY OWNERS NAME

St. Joseph's Manor

Last: First:

Applicant Name:	Scribner & Iverson, INC.
Mailing Address of Owner/Applicant (If Different)	P.O. Box 9779 Portland, ME 04104

PORTLAND 3889 TOWN COPY

Date Permit Issued: 6,22,90 $ 16.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 0,1,2,3

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 6-20-90 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 JUN 27 1990 Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☒ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY: Nursing Home

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 # 0,5,5,1,2

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type Of Fixture
1 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)
OR	2	Floor Drain		Shower (Separate)
HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other:		Water Heater
$. Hook-Up & Relocation Fee	2	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			2	Total Fixtures
			$ 6.00	Fixture Fee
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			$.	Hook-Up & Relocation Fee
			$ 6.00	Permit Fee (Total)

TOWN COPY

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	Portland, ME
Street Subdivision Lot #	1133 Washington Ave.

PROPERTY OWNERS NAME

Last:	St. Joseph's Manor
Applicant Name:	Scribner & Iverson, Inc
Mailing Address of Owner/Applicant (If Different)	P.O. Box 8779 Portland, ME. 04104

PORTLAND 3938 TOWN COPY

Date Permit Issued: 8/14/90 $ 16.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: [signature] P.I. # 0123

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] 8-6-90
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: 8-7-1990

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: Nursing home

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 # 0,5,1,1,2

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 these cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bath: (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		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	1	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			1	Total Fixtures
			$ 6.	Fixture Fee
			$.	Hook-Up & Relocation Fee
			$ 6.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	1133 Washington Ave.

PROPERTY OWNERS NAME

St. Joseph's Manor
Last: First:

Applicant Name:	Scribner & Iverson, INC.
Mailing Address of Owner/Applicant (If Different)	P.O. Box 8779 Portland, ME 04104

PORTLAND 3889 TOWN COPY

Date Permit Issued: 6,22,90 $ 16.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 613

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 5-20-90 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 JUN 27 1990 Date Approved

PERMIT INFORMATION

This Application is for

1. ☐ NEW PLUMBING
2. ☒ RELOCATED PLUMBING

Type Of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY: Nursing Home

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 # 05112

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type Of Fixture
☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR ☐ HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
	2	Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other:		Water Heater
$. Hook-Up & Relocation Fee	2	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			2	Total Fixtures
			$ 6.00	Fixture Fee
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			$.	Hook-Up & Relocation Fee
			$ 6.00	Permit Fee Total

TOWN COPY

B30284

Permit # _____ **City of** Portland **BUILDING PERMIT APPLICATION Fee** $25. **Zone** _____ **Map #** _____ **Lot#** _____

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

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

Address: 1133 Washington Ave- Ptld , ME 04103

LOCATION OF CONSTRUCTION 1133 Washington Ave.

Contractor: _____ Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: _____ Proposed Use: nursing home facility w child day/care space

Past Use: _____

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

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

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Change of Use - from nursing home facility

408 D 5 to nursing home facility with day/care (to 12 chn)

For Official Use Only

Date 4/21/93

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: _____

Name _____

Lot _____

Ownership: _____ Public _____ Private

APR 22 1993

CITY OF PORTLAND

Zoning:

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) _____

Foundation:

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

Floor:

1. Sills Size: _____
2. Girder Size: _____ Sills must be anchored.
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 _____

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 Louise E. Chase

Signature of Applicant Marc D. Keny Date 4-21-93

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO 7

Permit # 940432 City of Portland **BUILDING PERMIT APPLICATION** Fee 10.00 Zone _____ Map # _____ Lot# _____

Posted 13-MAY-94

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

Owner: St Joseph's Manor Phone # _____

Address: 1132 Washington Ave Ptld, ME 04101

LOCATION OF CONSTRUCTION 1133 Washington Ave

Contractor: Ceannarbors Sub.: _____

Address: 17 Main St So. Portland, ME 04106 Phone # 799-8111

Est. Construction Cost: _____ Proposed Use: Nursing home w/o tank

Past Use: Nursing Home

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

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

Stories: _____ # Be... _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion Remove underground storage tank

408-D-5

For Official Use Only

Date 26 April 1994

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: _____

Name _____ Lot _____

Ownership: _____ Public

PERMIT ISSUED
MAY 17 1994
CITY OF PORTLAND

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) WRT 5-16-94

HISTORIC PRESERVATION

Not in District nor Landmark

Does not require review.

Requires Review.

****

Action: Approved

Approved with Conditions

Signed _____

Date: 5/17/94

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: _____ Spacing 16" O.C.
4. Joists Size: _____ Size: _____
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____
7. 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 _____
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 _____
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Ceiling:

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

Roof:

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

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

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

Plumbing:

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

Swimming Pools:

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

Permit Received By Mary Gre...

Date 26 Apr '94

Signature of Applicant _____

Bill McCusker

Zoning District _____

PERMIT ISSUED WITH REQUIREMENTS

PERMIT ISSUED WITH REQUIREMENTS

16 Mr Roup.

CONTINUED TO REVERSE SIDE

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
Tank Removed	5 / 24 / 94
	/ /
	/ /
	/ /
	/ /
CLOSE X	/ /

COMMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT | ADDRESS | PHONE NO.

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

BUILDING PERMIT REPORT

DATE: 5/16/94

ADDRESS: 1133 Washington Ave

REASON FOR PERMIT: Underground Tank Removal ~~Installation~~

BUILDING OWNER: St. Joseph Manor

CONTRACTOR: Chamberlain

PERMIT APPLICANT Bill McCusker

APPROVED: ✓ 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.