

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

Permit Number: 041384

PERMIT ISSUED

This is to certify that Maine Medical Center/HE. C. ... Co.

has permission to commercial space w/ tenant fit out

SEP 23 2004

AT 2 Bramhall St

053 D007001

CITY OF PORTLAND

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

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

Notification of inspection must be given and work in progress must be reported before this building or part thereof is closed or closed-in. HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

[Signature]  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

# City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-1384	Issue Date: DEC 1 2004	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St (W/11V)	Phone: 784-6927
Business Name:	Contractor Name: HE Callahan Construction Co.	Contractor Address: 664 Turner Rd Auburn	Phone: 2077836733
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-6

Past Use: Commercial space <i>Hospital</i>	Proposed Use: <del>commercial space w/ tenant fit-up</del> <i>O.R. Renovations</i>	Permit Fee: \$3,405.00	Cost of Work: \$376,000.00	CEO District: 2
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Proposed Project Description: commercial space w/ <del>tenant fit-up</del> <i>O.R. renovations</i>	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>I-2</i> Type: <i>2B</i> <i>9/21/2004</i>
	Signature: <i>Wm J</i>	Signature: <i>Clayton</i>

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	Signature:	Date:

Permit Taken By: dmm	Date Applied For: 0911612004	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Other: _____ Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/17/04</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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## CERTIFICATION

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

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 04-1384	<b>Date Applied For:</b> 09/15/2004	<b>CBL:</b> 053 D007001
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<b>Location of Construction:</b> 2 Bramhall St	<b>Owner Name:</b> Maine Medical Center	<b>Owner Address:</b> 22 Bramhall St	<b>Phone:</b> ( ) 784-6927
<b>Business Name:</b>	<b>Contractor Name:</b> HE Callahan Construction Co.	<b>Contractor Address:</b> 664 Turner Rd Auburn	<b>Phone:</b> (207) 783-6733
<b>Tenant/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> commercial space w/ tenant fit-up	<b>Proposed Project Description:</b> commercial space w/ tenant fit-up
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 09/17/2004  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved      **Reviewer:** Mike Nugent      **Approval Date:** 09/21/2004  
**Note:**      **Ok to Issue:**   
1) Certifications to be faxed 9/21/2004

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Lt. MacDougal      **Approval Date:** 09/20/2004  
**Note:**      **Ok to Issue:**   
1) the sprinkler system shall be maintained to NFPA 3 standards  
2) Application requires State Fire Marshal approval.  
3) the fire alarm system shall be maintained to NFPA 72 standards  
4) life safety devices shall be maintained or a fire watch shall be utilized  
5) means of egress shall be maintained in accordance with NFPA 101 life safety

# All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted,

Brewhall St		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>053 D 007</u> Block# <u>007</u> Lot# <u>001</u>	Owner: <u>MAINE MED.</u>	Telephone: <u>784-6927</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>HE CALLAHAN</u> <u>TURNER RAUBURN</u>	cost Of Work: \$ <u>376,000.00</u> Fee: \$ <u>3405.00</u>
<p style="text-align: center;">Proposed use: <u>Permit fit-up ground Flr.</u></p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">SEP 15</p>		
Contractor's name, address & telephone:		
Who should we contact when the permits ready: <u>HE CALLAHAN</u>		
Mailing address: <u>TURNER Rd</u> <u>AUBURN ME. 04281</u>		
<p>We will contact you by phone when the permit is ready, You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: <u>784-6927</u></p>		

**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

*I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. 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's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.*

Signature of applicant: <u>David E. Shelton</u>	Date: <u>9-15-04</u>
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HE CALLAHAN

**This is NOT a permit, you may not commence ANY work until the permit is issued.**  
**If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall**



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine  
Department of Planning & Urban Development  
Division of Housing & Community Service

FROM DESIGNER: Carol Gillis, AIA  
SKRT, Inc.

DATE: 9/14/04

Job Name: Maine Medical Center - OR Renovation

Address of Construction: 22 Bramhall Street, Portland, ME

**THE BOCA NATIONAL BUILDING CODE / 1999 (FOURTEENTH EDITION)**

Construction project was designed according to the building code criteria listed below:

Building Code and Year BOCA, 1999 Use Group Classification(s) I-Z

Type of Construction non-combustible, protected

**Structural Systems**

**Roof Snow Load**

n/a Ground Snow Load ( $P_g$ )  
If  $P_g > 10$  psf, flat Roof snow load,  $P_f$   
If  $P_g > 10$  psf, snow exposure factor,  $C_e$   
If  $P_g > 10$  psf, roof thermal factor  
If  $P_g > 10$  psf, snow load importance factor,  $I$   
Sloped Roof Snowload  $P_s$

**Earthquake Loads**

n/a Peak velocity-related acceleration,  $A_v$   
Peak acceleration,  $A_a$   
Seismic hazard exposure group  
Seismic performance category  
Soil profile type  
Basic structural system / seismic-resisting system  
Response modification factor,  $R$ , and deflection amplification factor,  $C_d$

n/a The documents must account for Drift snow load, unbalanced snow load and Sliding snow loads as required

**Wind Loads**

n/a Basic Wind Speed  
n/a Internal Pressure Coefficient  
1 Wind Exposure Category n/a Wind Design Pressure n/a Wind Importance Factor

H. F. CALLAHAN  
CONSTRUCTION CO.  
SEP 20 2004  
Received



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine  
Department of Planning & Urban Development  
Division of Housing & Community Service

FROM: CAROL GILLIS, AA

RE: Certificate of Design

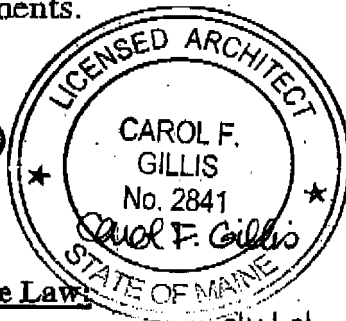
DATE: 9/16/04

To the best of my knowledge, information and belief, these  
~~These~~ plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER - OR RENOVATION

Have been designed and drawn up by the undersigned, a Maine registered Architect /  
Engineer according to the BOCA National Building Code / 1999 (Fourteenth Edition)  
and local amendments.

(SEAL)



Signature: Carol Gillis

Title: Architect

Firm: SMRT, Inc

Address: 144 Fore Street  
Portland, ME 04104

As per Maine State Law:

\$50,000.00 or more in new construction, repair  
expansion, addition, or modification for  
Building or Structures, shall be prepared by a  
registered design Professional.

9-21-04

fax to Mike Nugent  
874 8716

from D Shelton  
H E Callahan

H. E. CALLAHAN  
CONSTRUCTION CO.

SEP 21 2004  
Received



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Room 315  
Portland, Maine 04101

ACCESSIBILITY CERTIFICATE

Designer: CAROL GILLIS, AIA, SHRT, INC

Address of Project: MAINE MEDICAL CENTER, 22 BRAHMAN ST, PORTLAND

Nature of Project: 1<sup>ST</sup> FLOOR RENOVATIONS

To the best of my knowledge, information and belief, the ~~the~~ technical submissions covering \_\_\_\_\_ as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

Signature: Carol Gillis

Title: Architect

Firm: SHRT, INC.

Address: 144 Fore Street

Portland, ME 04104

Phone: 772-3846



9/21/04