

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

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

Permit No: 07-0960	Issue Date:	CBL: 053 D007001
-----------------------	-------------	---------------------

Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: CA1

Past Use: Maine Medical Ctr Dining Room "Impressions Cafe"	Proposed Use: Maine Medical Ctr Dining Room - Replace flooring, Interior renovations to Dining Room	Permit Fee: \$4,620.00	Cost of Work: \$460,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: A Type: 2	
		See Conditions		

Proposed Project Description: Dining Room - Replace flooring, Interior renovations to Dining Room	Signature: <i>[Handwritten Signature]</i>	Signature: <i>JMB 8/29/07</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: Idobson	Date Applied For: 08/08/2007	<b>Zoning Approval</b>
-----------------------------	---------------------------------	------------------------

<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"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>8/19/07</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 checked="" 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: <i>[Handwritten Signature]</i>
---	--	---	---



**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> 07-0960	<b>Date Applied For:</b> 08/08/2007	<b>CBL:</b> 053 D007001
------------------------------	--	----------------------------

<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>
<b>Business Name:</b>	<b>Contractor Name:</b> Herbert Construction, LLC	<b>Contractor Address:</b> 9 Gould Road Lewiston	<b>Phone</b> (207) 783-2091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Maine Medical Ctr Dining Room - Replace flooring, Interior renovations to Dining Room	<b>Proposed Project Description:</b> Dining Room - Replace flooring, Interior renovations to Dining Room
---	---

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 08/09/2007  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 08/29/2007  
**Note:**      **Ok to Issue:**

- 1) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 08/15/2007  
**Note:**      **Ok to Issue:**

- 1) The sprinkler system shall be installed in accordance with NFPA 13.
- 2) A single source supplier should be used for all through penetrations.
- 3) All construction shall comply with NFPA 101
- 4) Application requires State Fire Marshal approval.
- 5) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.



# Commercial 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.

Location/Address of Construction: <u>22 BRAMHALL STREET</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>	Owner: <u>MAINE MEDICAL CENTER</u>	Telephone: <u>662-2988</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>HEBERT CONSTRUCTION</u> <u>9 GOULD ROAD</u> <u>LEWISTON, ME 04240</u>	Cost Of Work: \$ <u>460,000.00</u> Fee: \$
Current Specific use: <u>DINING ROOM</u>		
Proposed Specific use: <u>DINING ROOM</u>		
Project description: <u>REPLACE FLOORING - CEILING - NEW PAINT -</u> <u>NEW LIGHTING FIXTURES &amp; RELOCATE CONDIMENT UNITS</u>		
Contractor's name, address & telephone: <u>HEBERT CONSTRUCTION, 9 GOULD RD, LEW, 783-2091</u>		
Who should we contact when the permit is ready: <u>DAN HEBERT</u>		
Mailing address: <u>SAME AS ABOVE</u>		
Phone: <u>783-2091</u>		

Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

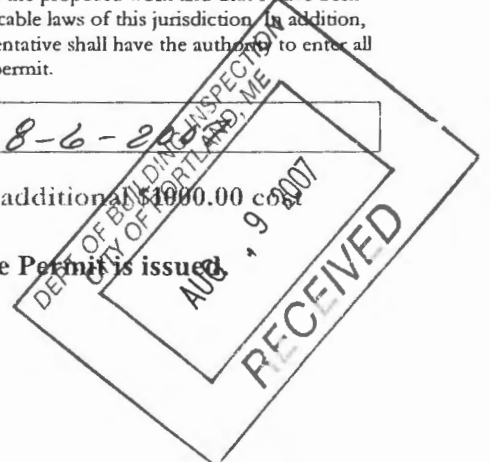
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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>Dan R Hebert</u>	Date: <u>8-6-2007</u>
---	-----------------------

Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

**This is not a Permit; you may not commence any work until the Permit is issued.**





*State of Maine*  
 Department of Public Safety  
**Construction Permit**



Not  
 Reviewed  
 for Barrier  
 Free

# 16754

Sprinkled  
 Sprinkler Supervised

**MAINE MEDICAL CENTER IMPRESSIONS CAFÉ RENO PROJECT**

Located at: 22 BRAMHALL ST.

**PORTLAND**

Occupancy/Use: HOSPITAL

**Permission is hereby given to:**

MMC  
 MICHAEL PRITCHETT  
 22 BRAMHALL STREET  
 PORTLAND, ME 04102

to construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved.

No departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provision of Title 25, Chapter 317, Section 2448 .

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

*This permit will expire at midnight on the 21 st of November 2007*

Dated the 22 n day of May A.D. 2007

Commissioner

**Copy-1 Owner**

Comments:

**RECEIVED**

MAY 24 2007

FACILITIES DEVELOPMENT

MMC  
 MICHAEL PRITCHETT  
 22 BRAMHALL STREET  
 PORTLAND, ME 04102



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 & Development  
Division of Inspections Services

FROM: MICHAEL J. TAGUE

RE: Certificate of Design

DATE: 8/6/07

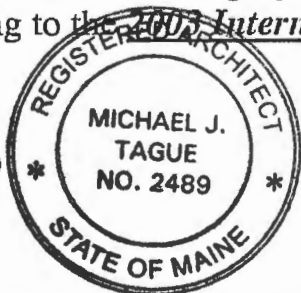
These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER - 22 BRANHALL ST.

CAFETERIA - INTERIOR RENOVATION

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the 2003 International Building Code and local amendments.

(SEAL)



Signature: M. Tague

Title: ARCHITECT - PRINCIPAL

Firm: JDA INC.

Address: PORTSMOUTH, NH 03801

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.



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

ACCESSIBILITY CERTIFICATE

Designer: MICHAEL J. TAGUE

Address of Project: 22 BRANHALL ST - CAFETERIA

Nature of Project: INTERIOR RENOVATION

The technical submissions covering the proposed construction work 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. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.

Signature: *Michael J. Tague*

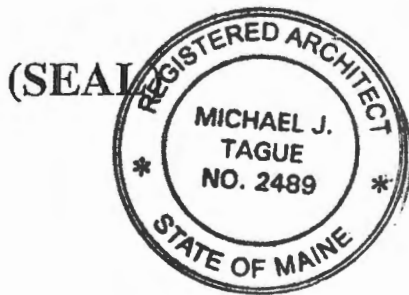
Title: ARCHITECT - PRINCIPAL

Firm: JSA INC

Address: 55 GREEN ST

PORTSMOUTH, NH 03801

Phone: (603) 436-2551



FROM DESIGNER: MICHAEL J. TAGUE (MA)  
 DATE: AUGUST 6, 2007  
 Job Name: MMC - CAFETERIA - INTERIOR RENOVATION  
 Address of Construction: 22 BRAMHALL ST,

**2003 International Building Code**

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

Building Code & Year IBC-2003 Use Group Classification (s) TYPE II (EXISTING TO REMAIN)  
 Type of Construction ASSEMBLY (LESS THAN 500)  
 Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES  
 Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) HEALTHCARE  
 Supervisory alarm System? YES Geotechnical/Soils report required? (See Section 1802.2) NO

**STRUCTURAL DESIGN CALCULATIONS - N/A**

Submitted for all structural members (106.1 - 106.11)

**DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1603)**

Uniformly distributed floor live loads (7603.1.1, 1807)

Floor Area Use	Loads Shown

- Wind loads (1603.1.4, 1609)**
- Design option utilized (1609.1.1, 1609.6)
  - Basic wind speed (1809.3)
  - Building category and wind importance Factor,  $I_w$  (Table 1604.5, 1609.5)
  - Wind exposure category (1609.4)
  - Internal pressure coefficient (ASCE 7)
  - Component and cladding pressures (1609.1.1, 1609.6.2.2)
  - Main force wind pressures (7603.1.1, 1609.6.2.1)

- Earth design data (1603.1.5, 1614-1623)**
- Design option utilized (1614.1)
  - Seismic use group ("Category") (Table 1604.5, 1616.2)
  - Spectral response coefficients,  $S_D$  &  $S_{D1}$  (1615.1)
  - Site class (1615.1.5)

- Live load reduction
- Roof live loads (1603.1.2, 1607.11)
- Roof snow loads (1603.7.3, 1608)
- Ground snow load,  $P_g$  (1608.2)
- 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, snow load importance factor,  $I_s$
- Roof thermal factor,  $C_t$  (1608.4)
- Sloped roof snowload,  $P_s$  (1608.4)
- Seismic design category (1616.3)
- Basic seismic force resisting system (Table 1617.6.2)
- Response modification coefficient,  $R_I$  and deflection amplification factor,  $C_d$  (Table 1617.6.2)
- Analysis procedure (1616.6, 1617.5)
- Design base shear (1617.4, 16175.5.1)

- Flood loads (1803.1.6, 1612)**
- Flood Hazard area (1612.3)
  - Elevation of structure

- Other loads**
- Concentrated loads (1607.4)
  - Partition loads (1607.5)
  - Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)