

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that MAINE MEDICAL CENTER

Located At 22 BRAMHALL ST

Job ID: 2012-07-4477-ALTCOMM

CBL: 053-D-007-001

has permission to Structural Changes to OR Rooms 3,13,15 & 19
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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

 8.9.12

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-07-4477-ALTCOMM

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

Conditions of Approval:

Building

1. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

Fire

1. Installation shall comply with City Code Chapter 10.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-07-4477-ALTCOMM	Date Applied: 7/17/2012	CBL: 053- D-007-001	
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, 04102 ME - MAINE	Phone:
Business Name:	Contractor Name: LANGFORD & LOW -Gus	Contractor Address: 248 WARREN AVE, PORTLAND, ME 04104	Phone: 318-0546
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG RENO	Zone: C-41
Past Use: Hospital	Proposed Use: Same: Hospital - to make some structural changes in OR room #3, 13, 15, & 19	Cost of Work: \$45,000.00	CEO District:
		Fire Dept: 8/2/12 Signature: <i>[Signature]</i> (50)	Inspection: Use Group: <i>I</i> Type: <i>IA</i> <i>IBC 99</i> Signature: <i>[Signature]</i>
Proposed Project Description:		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Gayle		Zoning Approval	

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetlands <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM Date: <i>OK</i> <i>7/24/12</i>	<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:	<input checked="" type="checkbox"/> Not in Dist 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>[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



Entered PDF

2012 07 4477 66

General 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 BRAN HALL ST.</u>			C-41		
Total Square Footage of Proposed Structure/Area			Square Footage of Lot		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#		Applicant * <u>must be owner, Lessee or Buyer</u> *		Telephone:	
053 2 009		Name <u>MAINE Medical Center</u> Address <u>22 BRAN HALL ST.</u> City, State & Zip <u>Portland, ME 04102</u>		662-4722	
Lessee/DBA (If Applicable)		Owner (if different from Applicant)		Cost Of Work: \$ <u>45,000</u>	
RECEIVED JUL 17 2012 Dept. of Building Inspections City of Portland Maine		Name _____ Address _____ City, State & Zip _____		C of O Fee: \$ _____ Total Fee: \$ <u>470.00</u>	
Current legal use (i.e. single family) <u>OR FOUND</u>					
If vacant, what was the previous use? _____					
Proposed Specific use: <u>Same.</u>					
Is property part of a subdivision? _____ If yes, please name _____					
Project description: <u>CHANGE OUT EXISTING OR LIGHTS (ALL WORK OFF HOURS)</u>					
<u>Rooms 3, 13, 15 + 19</u> <u>Structural Work</u>					
Contractor's name: <u>LANGEFORD & LOW</u>					
Address: <u>248 Warren Ave.</u> <u>in ceiling</u>					
City, State & Zip <u>Portland, ME 04104</u>				Telephone: <u>797-5141</u>	
Who should we contact when the permit is ready: <u>645 Doughty</u>				Telephone: <u>318-0546</u>	
Mailing address: <u>Same.</u> <u>Call first!</u>					

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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division 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: [Signature] Date: 7-16-12

This is not a permit; you may not commence ANY work until the permit is issue



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Receipts Details:

Tender Information: Check , BusinessName: Langford & Low, Check Number: 45207

Tender Amount: 470.00

Receipt Header:

Cashier Id: gguertin

Receipt Date: 7/17/2012

Receipt Number: 46027

Receipt Details:

Referance ID:	7280	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	470.00	Charge Amount:	470.00
Job ID: Job ID: 2012-07-4477-ALTCOMM -			
Additional Comments: 22 Bramhall St. Langford & Low			

Thank You for your Payment!