



DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING

# PERMIT

This is to certify that MEDICAL CENTER MAINE

Located At 22 BRAMHALL

Job ID: 2011-01-251-HIB

CBL: 053 - - D - 007 - 001 - - - -

has permission to Renovate Cath Lab #6, Control room & replace equipment - Richard's Wing - 8<sup>th</sup> floor

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 procured prior to occupancy.

*[Signature]*  
Fire Prevention Officer

*[Signature]* 1/31/11  
Code Enforcement Officer / Plan Reviewer

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

PERMIT ISSUED

JAN 31 2011

City of Portland

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

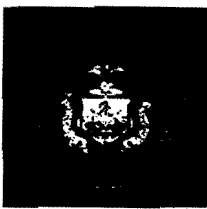
389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No: 2011-01-251-HIB	Date Applied: 1/11/2011	CBL: 053 - - D - 007 - 001 - - - -	
Location of Construction: 22 BRAMHALL	Owner Name: MEDICAL CENTER MAINE	Owner Address: 22 BRAMHALL ST PORTLAND, ME - MAINE 04102	Phone:
Business Name:	Contractor Name: LANGFORD, & LOW INC	Contractor Address: PO BOX 662 PORTLANDMAINE04104	Phone:
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: C-41
Past Use: Maine Medical Center	Proposed Use: Same Use - alterations to CATH Labs at Richards Wing 8 <sup>th</sup> FL	Cost of Work:	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: I-2 Type: 1B IBC-2009
Proposed Project Description: Renovate Cath Lab, Control room & replace equipment		Signature: CAPT. R. Soutter Pedestrian Activities District (P.A.D.)	

Permit Taken By:	<b>Zoning Approval</b>		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building Permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work. <b>PERMIT ISSUED</b> JAN 31 2011	<b>Special Zone or Reviews</b> <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 <input type="checkbox"/> No cond Date: 9/11/3/11	<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 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:
	<b>CERTIFICATION</b>		

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	PHON



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life* - [www.portlandmaine.gov](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Penny St. Louis Littell

Job ID: 2011-01-251-HIB

Located At 22 BRAMHALL

CBL053 - - D - 007 - 001 - - - - -

## Conditions of Approval:

### Fire

1. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
2. Any cutting and welding done will require a Hot Work Permit from Fire Department.
3. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
4. Fire extinguishers are required. Installation per NFPA 10.
5. Any cutting or welding and hot work taking place in a commercial building requires a separate "Hot Work Permit" from the Fire Department.
6. Application requires State Fire Marshal approval.
7. All construction shall comply with City Code Chapter 10.
8. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.

### Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.
3. Prior to the final inspection a statement of review is required from the engineer for the installation of the structural members required for the lab equipment.

JAN 31 2011

City of Portland

## BUILDING PERMIT INSPECTION PROCEDURES

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

or email: [buildinginspections@portlandmaine.gov](mailto: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.**

1. Close In Elec/Plmb/Framing prior to insulation, drywall or covering
2. Final inspection at completion including engineer review.

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 OCCUOPIED.

PERMIT ISSUED

JAN 31 2011

City of Portland



# 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 Bramhall Street</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>053 D 007</u>	Applicant *must be owner, Lessee or Buyer* Name <u>Maine Medical center</u> Address <u>22 BRAMHALL ST.</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>662-6149</u>
Lessee/DBA (If Applicable) <b>RECEIVED</b> JAN 11 2011	Owner (if different from Applicant) Name <b>RECEIVED</b> Address City, State & Zip <u>JAN 11 2011</u> <b>Dept. of Building Inspections</b> <b>City of Portland Maine</b>	Cost Of Work: \$ <u>325,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>3,270.00</u>
Current legal use (i.e. single family) <u>CATH LABS</u>		
If vacant, what building inspections? <u>City of Portland Maine</u>		
Proposed Special Use? <u>SAME</u>		
Is property part of a subdivision? <u>NO</u> If yes, please name _____		
Project description: <u>PRIVATE EXISTING CATH LABS and control Rm. and Replace equipment.</u>		
Contractor's name: <u>LANEPORT + LOW, INC.</u>		
Address: <u>248 WARREN AVE.</u>		
City, State & Zip <u>Portland ME</u>		Telephone: <u>797-5141</u>
Who should we contact when the permit is ready: <u>Gus Doughty</u>		Telephone: <u>318-0546</u>
Mailing address: <u>248 WARREN AVE. Portland ME 04104</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](http://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: 1-7-11

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



# Certificate of Design Application

From Designer: KRISTEN DAMUTH, SMRT  
 Date: 21 DEC 10.  
 Job Name: MML CATHLAB 6  
 Address of Construction: 22 BRAMHALL ST PORTLAND ME 04102

## 2003 International Building Code

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

Building Code & Year: IBC 2003 Use Group Classification (s): I-2 no change  
 Type of Construction: # (222) EXISTING BUILDING  
 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) \_\_\_\_\_  
 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 (7603.11, 1807)

Floor Area Use	Loads Shown
<u>EXISTING STRUCTURE</u>	

### Wind loads (1603.1.4, 1609)

N/A Design option utilized (1609.1.1, 1609.6)  
 \_\_\_\_\_ Basic wind speed (1809.3)  
 \_\_\_\_\_ Building category and wind importance Factor,  $w$   
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)

N/A Design option utilized (1614.1)  
 \_\_\_\_\_ Seismic use group ("Category")  
 \_\_\_\_\_ Spectral response coefficients,  $S_D$ s &  $S_{D1}$  (1615.1)  
 \_\_\_\_\_ Site class (1615.1.5)

N/A 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 (1617.6.2)  
 \_\_\_\_\_ Response modification coefficient,  $R_f$  and  
 \_\_\_\_\_ deflection amplification factor  $C_{di}$  (1617.6.2)  
 \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)  
 \_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)  
 \_\_\_\_\_ Elevation of structure

### Other loads

N/A 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)



# Certificate of Design

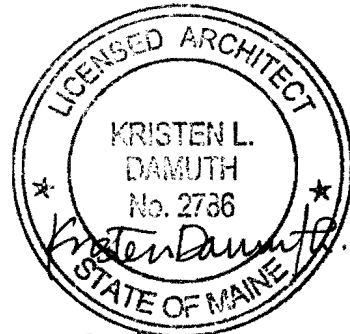
Date: 21 DEC 2010

From: KRISTEN DAMUTH, SMRT

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER CATHLAB 6 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) 21 Dec 10.

Signature: Kristen Damuth.

Title: ARCHITECT

Firm: SMRT

Address: 144 FORE STREET

PORTLAND ME

Phone: 772-3846

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



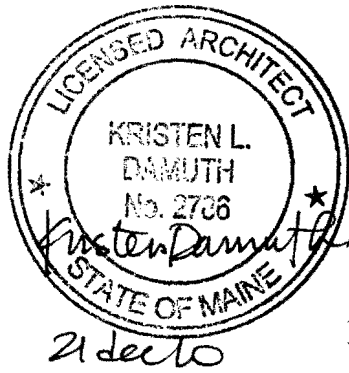
# Accessibility Building Code Certificate

Designer: KRISTEN DAMUTH, SMRT

Address of Project: 22 BRANHALL ST PORTLAND ME

Nature of Project: RENOVATION OF EXISTING CATHLABG  
AT MMC FOR NEW EQUIPMENT

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.



(SEAL)

21 dec 10

Signature: Kristen Damuth.

Title: ARCHITECT

Firm: SMRT

Address: 144 FORE ST.  
PORTLAND ME

Phone: 772-3846

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)