

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: 2011-12-2880-ALTCOMM

CBL: 053-D-007-001

has permission to Renovate OR/Patient Care, Phase 2, LL Bean Wing 2nd floor  
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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

 1/5/12  
\_\_\_\_\_  
Code Enforcement Officer / Plan Reviewer

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

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

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

Job No: 2011-12-2880-ALTCOMM	Date Applied: 12/7/2011	CBL: 053- D-007-001	
Location of Construction: 22 BRAMHALL ST	Owner Name: ME MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102	Phone: 662-2013
Business Name:	Contractor Name: LANGFORD, & LOW INC	Contractor Address: PO BOX 662 PORTLAND MAINE 04104	Phone: (207) 797-5141
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALTERATIONS	Zone: C-41
Past Use: Hospital	Proposed Use: Same: Hospital - to make alteration to OR & Patient car on 2 <sup>nd</sup> floor Bean Wing Phase 2	Cost of Work: \$280,000.00	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: EB IBC-2009
		Signature: <i>[Signature]</i> (58)	Signature: <i>[Signature]</i>
Proposed Project Description: Renovate OR #24 2nd floor LL Bean Wing		Pedestrian Activities District (P.A.D.)  1/5/12	

Permit Taken By: Lannie	<b>Zoning Approval</b>		
<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>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.</p>	<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  Date: <i>[Signature]</i> 12/12/11	<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 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 appication 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

## 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.**

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](http://www.portlandmaine.gov)

Director of Planning and Urban Development  
Penny St. Louis

Job ID: 2011-12-2880-ALTCOMM

Located At: 22 BRAMHALL ST

CBL: 053-D-007-001

## Conditions of Approval:

### **Fire**

1. All construction shall comply with City Code Chapter 10. Correct code editions to be observed are: NFPA 101, *Life Safety Code*, 2009 edition; NFPA 13, *Standard for Installation of Sprinkler Systems*, 2010 edition; NFPA 72, *National Fire Alarm and Signaling Code*, 2010 edition; NFPA 90A, *Standard for the Installation of Air-Conditioning and Ventilating Systems*, 2009 edition; as adopted by the City of Portland.
2. Application requires State Fire Marshal approval.
3. This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
4. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
5. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model. This review does not include approval of fire alarm system design or installation.
6. Fire Alarm system shall be maintained. If system is to be off line over 4 hours a fire watch shall be in place. Dispatch notification required 874-8576.
7. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.
8. Sprinkler supervision shall be provided in accordance with NFPA 101, *Life Safety Code*, and NFPA 72, *National Fire Alarm and Signaling Code*.
9. A firefighter Building Marking Sign is required.
10. Fire extinguishers are required per NFPA 10.
11. No means of egress shall be affected by this renovation.
12. 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.
13. Any cutting and welding done will require a Hot Work Permit from Fire Department.
14. Walls in structure are to be labeled according to fire resistance rating. IE; 1 hr. / 2 hr. / smoke proof.

### **Building**

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Equipment shall be installed in compliance with the manufacturer's specifications and the UL listing.
3. 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.



# 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 BRANHALL STREET</u>			<u>C-41</u>
Total Square Footage of Proposed Structure/Area		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>MAINE MEDICAL CENTER</u> Address <u>22 BRANHALL ST.</u> City, State & Zip <u>Portland ME 04102</u>		Telephone: <u>662-2013</u>
<u>S3</u> <u>D</u> <u>7</u>	Owner (if different from Applicant) Name Address City, State & Zip		Cost Of Work: \$ <u>280,000</u> C of O Fee: \$ Total Fee: \$ <u>42820</u>
Lessee/DBA (If Applicable)			
Current legal use (i.e. single family) <u>OR</u> <u>PATIENT CARE</u> <u>2nd Floor Beauwin</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>Private OR suite &amp; support space, including medical electrical upgrades.</u>			
Contractor's name: <u>LAWRENCE E LOW, INC.</u>			
Address: <u>248 WARREN AVE.</u>			
City, State & Zip <u>Portland, ME 04104</u>		Telephone: <u>797-5141</u>	
Who should we contact when the permit is ready: <u>GUS DOUGHERTY</u>		Telephone: <u>318-0540</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.

**RECEIVED**

Signature:	Date: <u>11/28/11</u>	DEC - 7 2011
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**This is not a permit; you may not commence ANY work until the permit is issued**

Dept. of Building Inspections  
City of Portland Maine

11-8-11



## Certificate of Design

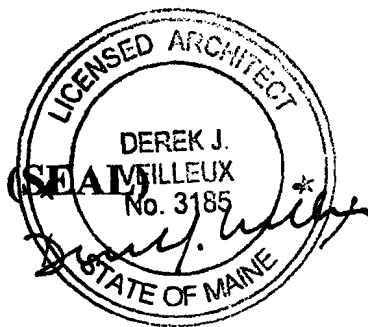
Date: November 21, 2011

From: DEREK VEILLEUX, SMRT INC

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER O.R. RENOVATION - PHASE 2

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



Signature: Derek Veilleux

Title: ARCHITECT

Firm: SMRT INC.

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)



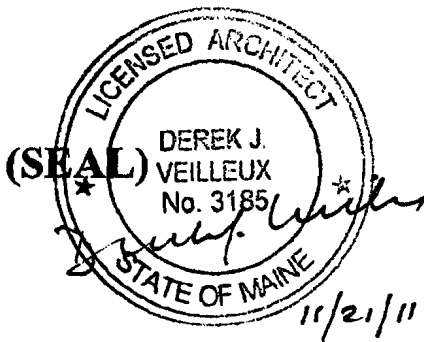
## Accessibility Building Code Certificate

Designer: DEREK VEILLEUX

Address of Project: 22 BRAMHALL ST. PORTLAND ME 04101

Nature of Project: RENOVATION OF 869 S.F. OF STORAGE  
AND STAFF SPACE TO CREATE AN ADDITIONAL  
OPERATIVE ROOM AND STORAGE SPACE.

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: Derek Veilleux

Title: ARCHITECT

Firm: SMART INC.

Address: 144 FORE ST.  
PORTLAND ME 04101

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)

FROM DESIGNER: DEVEK VEILLEUX  
 DATE: 11/21/11  
 Job Name: NAIHE MEDICAL CENTER O.R. 24 RENOVATION - PHASE 2  
 Address of Construction: 22 BRANHALL ST. PORTLAND ME 04101

2003 International Building Code

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

Building Code and Year EXISTING STRUCTURAL Use Group Classification(s) I-2, NO CHANGE

Type of Construction EXISTING

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 (see 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 (108.1, 108.1.1)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1803)

Uniformly distributed floor live loads (1803.1.1, 1807)

Floor Area Use	Loads Shown
<u>N/A, EXISTING STRUCTURAL</u>	<u>STRUCTURAL</u>

Wind loads (1803.1.4, 1809)

N/A Design option utilized (1809.1.1, 1809.6)  
 Basic wind speed (1809.3)  
 Building category and wind importance factor,  $I_w$  (Table 1804.5, 1809.5)  
 Wind exposure category (1809.4)  
 Internal pressure coefficient (ASCE 7)  
 Component and cladding pressures (1809.1.1, 1809.6.2.2)  
 Main force wind pressures (1809.1.1, 1809.6.2.1)

Earthquake design data (1803.1.5, 1814 - 1823)

N/A Design option utilized (1814.1)  
 Seismic use group ("Category") (Table 1804.5, 1816.2)  
 Spectral response coefficients,  $S_{DS}$  &  $S_{D1}$  (1815.1)  
 Site class (1815.1.5)

N/A Live load reduction (1803.1.1, 1807.9, 1807.10)  
N/A Roof live loads (1803.1.2, 1807.11)  
N/A Roof snow loads (1803.1.3, 1808)  
N/A Ground snow load,  $P_g$  (1808.2)  
 If  $P_g > 10$  psi, flat-roof snow load,  $P_f$  (1808.3)  
 If  $P_g > 10$  psi, snow exposure factor,  $C_e$  (Table 1808.3.1)  
 If  $P_g > 10$  psi, snow load importance factor,  $I_s$  (Table 1804.6)  
 Roof thermal factor,  $C_t$  (Table 1808.3.2)  
 Sloped roof snowload,  $P_s$  (1808.4)  
 Seismic design category (1816.3)  
 Basic seismic-force-resisting system (Table 1817.6.2)  
 Response modification coefficient,  $R$ , and deflection amplification factor,  $C_d$  (Table 1817.6.2)  
 Analysis procedure (1816.6, 1817.5)  
 Design base shear (1817.4, 1817.5.1)

Flood loads (1803.1.6, 1812)

N/A Flood hazard area (1812.8)  
N/A Elevation of structure

Other loads

N/A Concentrated loads (1807.4)  
N/A Partition loads (1807.5)  
N/A Impact loads (1807.6)  
N/A Misc. loads (Table 1807.6, 1807.8.1, 1807.7, 1807.12, 1807.13, 1810, 1811, 2404)