

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: 2011-12-2982-ALTCOMM

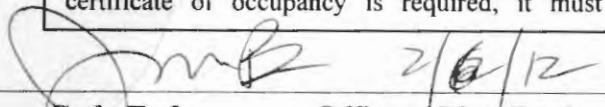
CBL: 053- D-007-001

has permission to Add New Risers, Closets, Electrical Panels in Normal Electrical Room & adjacent areas in Richardson Wing 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



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: 2011-12-2982-ALTCOMM	Date Applied: 12/28/2011	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:
Business Name:	Contractor Name: David Sundelin@ Suffolk Construction	Contractor Address: 99 Conifer Hill DR DANVERS MASSACHUSETTS 01923	Phone: (978) 774-1057
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: C-41
Past Use: Hospital	Proposed Use: Hospital – in the Richardson Wing – New electrical risers, closets, panels & some new distribution for IT devices	Cost of Work: \$1,300,000.00	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: 1B DBI-2009 Signature: <i>[Signature]</i>
Proposed Project Description: New Risers, Closets, Panels Electrical		Signature: <i>[Signature]</i> (58)	Signature: <i>[Signature]</i> 2/6/12
Permit Taken By: Brad	Zoning Approval		

<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>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: <i>[Signature]</i> 12/29/11</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
	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

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
Penny St. Louis

Job ID: 2011-12-2982-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.
2. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
3. A separate Fire Alarm Permit is required. This review does not include approval of fire alarm system design or installation.
4. 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.
5. A separate Suppression System Permit is required. This review does not include approval of sprinkler system design or installation.
6. 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.
7. 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.
8. Any cutting and welding done will require a Hot Work Permit from Fire Department.
9. Walls in structure are to be labeled according to fire resistance rating. IE; 1 hr. / 2 hr. / smoke proof.
10. A single source supplier should be used for all through penetrations.

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 C-41

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 ST., PORTLAND, ME. 04102</u>		
Total Square Footage of Proposed Structure/Area <u>800 sq'</u>	Square Footage of Lot <u>NA</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</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>662-5362</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>1,300,00</u> C of O Fee: \$ Total Fee: \$ <u>1,300,00</u>
Current legal use (i.e. single family) <u>HOSPITAL</u> If vacant, what was the previous use? <u>NA</u> Proposed Specific use: <u>HOSPITAL</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>RICHARDS BUILDING - NEW ELECTRICAL RISERS, CLOSETS, PANELS. SOME NEW DISTRIBUTION FOR IT DEVICES.</u>		
Contractor's name: <u>SUFFOLK CONSTRUCTION</u> Address: <u>99 CONIFER HILL DRIVE</u> City, State & Zip: <u>DANVERS, MASS. 01923</u> Telephone: <u>978-774-1057</u> Who should we contact when the permit is ready: <u>DAVID SUNDELIN</u> Telephone: <u>617-212-9491</u> Mailing address: <u>SAME AS ABOVE</u> or <u>662-1503</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:	Date: <u>DECEMBER 8, 2011</u>
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This is not a permit; you may not commence ANY work until the permit is issued

RECEIVED

DEC 28 2011

Dept. of Building Inspections
City of Portland, Maine



Electrical Certificate of Design

Date: December 20, 2011

From: Daniel A. Hurley, PE, LEED AP

These plans and / or specifications covering construction work on:

Richards Building Electrical Riser at Maine Medical Center, Bramhall Campus

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: 

Title: Senior Electrical Engineer

Firm: AKF Group, LLC

Address: 41 Farnsworth Street, Boston, MA

Phone: 617-737-1111

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design Application

From Designer: Gary Shaw, AIA
 Date: 12/19/2011
 Job Name: Richards Building Electrical Riser
 Address of Construction: Richards Building MMC, 22 Bramhall Street, Portland, ME 04101

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

Type of Construction I (332)

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC _____

Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) _____

Supervisory alarm System? _____ Geotechnical/Soils report required? (See Section 1802.2) Not Applicable

Structural Design Calculations

Not Applicable 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>Not Applicable</u>	<u>Not Applicable</u>

Not Applicable Live load reduction

Not Applicable Roof line loads (1603.1.2, 1607.11)

Not Applicable Roof snow loads (1603.7.3, 1608)

Not Applicable Ground snow load, P_g (1608.2)

Not Applicable If $P_g > 10$ psf, flat-roof snow load P_f

Not Applicable If $P_g > 10$ psf, snow exposure factor, C_e

Not Applicable If $P_g > 10$ psf, snow load importance factor, I_s

Not Applicable Roof thermal factor, C_t (1608.4)

Not Applicable Sloped roof snowload, P_s (1608.4)

Not Applicable Seismic design category (1616.3)

Not Applicable Basic seismic force resisting system (1617.6.2)

Not Applicable Response modification coefficient, R_d and deflection amplification factor, C_d (1617.6.2)

Not Applicable Analysis procedure (1616.6, 1617.5)

Not Applicable Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

Not Applicable Flood Hazard area (1612.3)

Not Applicable Elevation of structure

Other loads

Not Applicable Concentrated loads (1607.4)

Not Applicable Partition loads (1607.5)

Not Applicable Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

Wind loads (1603.1.4, 1609)

Not Applicable Design option utilized (1609.1.1, 1609.6)

Not Applicable Basic wind speed (1809.3)

Not Applicable Building category and wind importance Factor, I_w (Table 1604.5, 1609.5)

Not Applicable Wind exposure category (1609.4)

Not Applicable Internal pressure coefficient (ASCE 7)

Not Applicable Component and cladding pressures (1609.1.1, 1609.6.2.2)

Not Applicable Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

Not Applicable Design option utilized (1614.1)

Not Applicable Seismic use group ("Category")

Not Applicable Spectral response coefficients, S_D & S_I (1615.1)

Not Applicable Site class (1615.1.5)



Certificate of Design

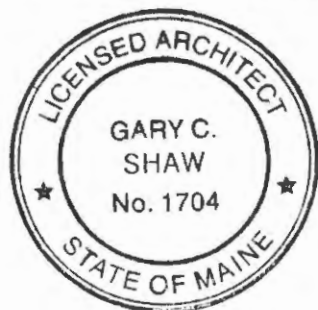
Date: December 20, 2011

From: Gary Shaw, AIA

These plans and / or specifications covering construction work on:

Richards Building Electrical Riser at Maine Medical Center, Bramhall Campus

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



(SEAL)

Signature: *Gary Shaw*

Title: Principal

Firm: Perkins+Will

Address: 55 Court Street, Boston, MA 02108

Phone: 617-478-0300

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov