

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that MAINE MEDICALCENTER

Located At 22 BRAMHALL

Job ID: 2011-07-1602-ALTCOMM

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

has permission to Renovate Angio Bi-Plane

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

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.**
1. Close-in inspection prior to insulating or drywalling.
 2. Final inspection required upon completion of work.

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: 2011-07-1602-ALTCOMM

Located At: 22 BRAMHALL

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

Conditions of Approval:

Fire

All construction shall comply with City Code Chapter 10.

This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.

Application requires State Fire Marshal approval.

The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.

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.

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.

A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.

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.

System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

Installation of a sprinkler or fire alarm system requires a Knox Box to be installed per city ordinance.

Fire extinguishers are required per NFPA 10.

All means of egress to remain accessible at all times.

No means of egress shall be affected by this renovation.

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.

Any cutting and welding done will require a Hot Work Permit from Fire Department.

Walls in structure are to be labeled according to fire resistance rating. IE; 1 hr. / 2 hr. / smoke proof.

A single source supplier should be used for all through penetrations.

Duct installation shall comply with NFPA 90A, *Standard for the Installation of Air-Conditioning and Ventilating Systems*.

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.
2. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
3. All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2009 Section 713.
4. Installation shall comply with the 2003 International Mechanical Code Section 607 for smoke or fire dampers or combination F/S dampers including actuation and access panels.

entered PDF

2011 07 16 02



General Building Permit Application

7/5/11

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.</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>053 2 007</u>	Applicant * must be owner, Lessee or Buyer * Name <u>Maine Medical Centers (MARSHALL BARTLETT)</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland ME 04102</u>	Telephone: <u>602-2988</u>
Lessee/DBA (If Applicable) RECEIVED <u>JUL - 5 2011</u> Dept. of Building Inspections City of Portland Maine	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>250,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>2,520.00</u>
Current legal use (if single family) <u>Angie SUITE.</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>upgrade finishes in an Angie suite as well as Replace existing equipment.</u>		
Contractor's name: <u>LANGFORD FLOW, INC.</u> Address: <u>248 WARREN AVE.</u> City, State & Zip <u>PORTLAND, ME 04102</u> Telephone: <u>797-5141</u> Who should we contact when the permit is ready: <u>Gus Doughty.</u> Telephone: <u>318-0576</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, 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: 6-21-11

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

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-07-1602-ALTCOMM	Date Applied: 7/5/2011	CBL: 053 - - D - 007 - 001 - - - - -	
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME - MAINE 04102	Phone: 662-2988
Business Name:	Contractor Name: Langford & Low, Inc. - Gus Doughty	Contractor Address: 248 Warren Ave., Portland, ME 04102	Phone: 318-0546
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: C-41
Past Use: Hospital	Proposed Use: Same: Hospital - renovations to Angio Bi-Plane Renovations	Cost of Work: \$250,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved <i>w/conditions</i> <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: I-2 Type: IBC 09
Proposed Project Description: upgrafe finishes in an Angio suite		Signature: <i>Bjornald</i> (58) IBC 09 Signature: <i>[Signature]</i>	
Permit Taken By: Gayle		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>	Special Zone or Reviews <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>7/8/11</i>	Zoning Appeal <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:	Historic Preservation <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	PHON



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 & Urban Development
Division of Housing & Community Service

FROM: Derek J. Veilleux, AIA, NCARB

RE: Certificate of Design

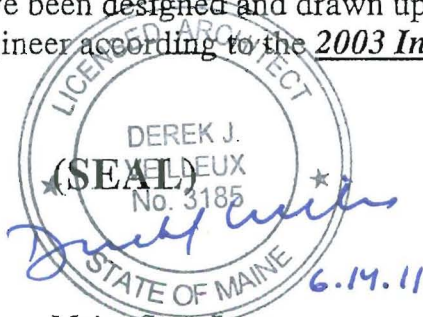
DATE: 6.14.11

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER ANGIO BI-PLANE RENOVATIONS

PROJECT AT THE MMC BRANHALL CAMPUS #11011

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



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.

Signature: Derek Veilleux

Title: ARCHITECT

Firm: SMRT INC.

Address: 144 FORE ST
PORTLAND, ME
04103

FROM DESIGNER: DEREK J. VEILLER AIA, NCARB
 DATE: 6.14.11
 Job Name: MML ANGIO BI-PLANE RENOVATION
 Address of Construction: 22 BRANHALL ST. PORTLAND ME 04102

2003 International Building Code

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

Building Code and Year EXISTING STRUCTURE 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

<u>N/A</u> STRUCTURAL DESIGN CALCULATIONS		<u>N/A</u> Live load reduction (1603.1.1, 1607.9, 1607.10)
<u>N/A</u>	Submitted for all structural members (106.1, 106.1.1)	<u>N/A</u> Roof live loads (1603.1.2, 1607.11)
DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1603)		Roof snow loads (1603.1.3, 1608)
Uniformly distributed floor live loads (1603.1.1, 1607)		<u>N/A</u> Ground snow load, P_g (1608.2)
Floor Area Use	Loads Shown	If $P_g > 10$ psf, flat-roof snow load, P_f (1608.3)
<u>N/A, EXISTING</u>	<u>STRUCTURE</u>	If $P_g > 10$ psf, snow exposure factor, C_e (Table 1608.3.1)
		If $P_g > 10$ psf, snow load importance factor, I_s (Table 1604.5)
		Roof thermal factor, C_t (Table 1608.3.2)
		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 , and deflection amplification factor, C_d (Table 1617.6.2)
		Analysis procedure (1616.6, 1617.5)
		Design base shear (1617.4, 1617.5.1)
Wind loads (1603.1.4, 1609)		Flood loads (1603.1.6, 1612)
<u>N/A</u>	Design option utilized (1609.1.1, 1609.6)	<u>N/A</u> Flood hazard area (1612.3)
	Basic wind speed (1609.3)	<u>N/A</u> Elevation of structure
	Building category and wind importance factor, I_w (Table 1604.5, 1609.5)	
	Wind exposure category (1609.4)	Other loads
	Internal pressure coefficient (ASCE 7)	<u>N/A</u> Concentrated loads (1607.4)
	Component and cladding pressures (1609.1.1, 1609.6.2.2)	<u>N/A</u> Partition loads (1607.5)
	Main force wind pressures (1609.1.1, 1609.6.2.1)	<u>N/A</u> Impact loads (1607.8)
		<u>N/A</u> Misc. loads (Table 1607.6, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)
Earthquake design data (1603.1.5, 1614 - 1623)		
<u>N/A</u>	Design option utilized (1614.1)	
	Seismic use group ("Category") (Table 1604.5, 1616.2)	
	Spectral response coefficients, S_{DS} & S_{D1} (1615.1)	
	Site class (1615.1.5)	



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

ACCESSIBILITY CERTIFICATE

Designer: DEREK J. VEILLEUX AIA, NCARB

Address of Project: 22 BRANHALL ST. PORTLAND ME

Nature of Project: RENOVATION OF EXISTING SPACE FOR
ANGIO EQUIPMENT REPLACEMENT

FINISHES, MECHANICAL, ELECTRICAL & MILLWORK

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.



Signature: Derek J. Veilleux

Title: ARCHITECT

Firm: SMRT INC.

Address: 144 FORE ST.

PORTLAND, ME 04103

Phone: 207.772.3846



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

July 2011

Received from Samuel's Law Inc

Location of Work 42 Bramhall

Cost of Construction \$ _____

Building Fee: 250,000.00

Permit Fee \$ _____

Site Fee: _____

Certificate of Occupancy Fee: _____

Total: _____

Building (I1)

Plumbing (I5) _____

Electrical (I2) _____

Site Plan (U2) _____

Other _____

CBL: 053 D 007

Check #: 42050

Total Collected \$ 2,500.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: Hayle

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy