

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

Job ID: 2011-07-1821-ALTCOMM

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

has permission to Interior renovations to gift shop

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**

8/9/11

## 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 inspection required 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.

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

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

Job No: 2011-07-1821-ALTCOMM	Date Applied: 7/28/2011	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:
Business Name: Maine Med	Contractor Name: Tim Hebert	Contractor Address: 9 Gould RD LEWISTON MAINE 04240	Phone: (207) 212-2176
Lessee/Buyer's Name:	Phone:	Permit Type: interior alterations	Zone: C-4I
Past Use: Medical Hospital	Proposed Use: Same: Medical Hospital - to make interior alterations to the flower shop to be a gift shop	Cost of Work: \$240,000.00	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: IA
		Signature: <i>[Signature]</i> (SB)	Signature: <i>[Signature]</i> IBC 09
Proposed Project Description: Alterations to gift shop add ADA Restrooms		Pedestrian Activities District (P.A.D.)	
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>	<p><b>Special Zone or Reviews</b></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><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> Mm</p> <p>Date: <i>OK</i> <i>8/4/11</i></p>	<p><b>Zoning Appeal</b></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><b>Historic Preservation</b></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>
	<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



# General Building Permit Application

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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>Maine Medical Center #1821</u>		
Total Square Footage of Proposed Structure/Area <u>1,056 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>SJ</u> Block# <u>D</u> Lot# <u>7</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>Tim Hebert</u> Address <u>9 Gould Road</u> City, State & Zip <u>Lewiston, ME 04240</u>	Telephone: <u>207-783-2091</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Maine Medical Center</u> Address City, State & Zip <u>Portland, ME 0</u>	Cost Of Work: \$ <u>240,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Flower Shop</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Gift Shop</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Convert space into similar Gift Shop space and move bathrooms &amp; create larger ADA bathrooms</u>		
Contractor's name: <u>Hebert Construction</u> Address: <u>9 Gould Road</u> City, State & Zip <u>Lewiston, ME 04240</u> Telephone: <u>783-2091</u> Who should we contact when the permit is ready: <u>Tim Hebert</u> Telephone: <u>212-2176</u> Mailing address: <u>9 Gould Road Lewiston, ME 04240</u>		

11.6.11

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  
JUL 28 2011  
City of Portland Inspections  
Dep. City of Portland Maine

Signature: Tim Hebert Date: 7/7/11

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



# Certificate of Design Application

From Designer: Carol Gillis, AIA  
 Date: July 20, 2011  
 Job Name: Maine Medical Center - Gift Shop Renovations  
 Address of Construction: 22 Bramhall Street, Portland

~~2003~~ 2009(C6) International Building Code

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

Building Code & Year IBC 2009 Use Group Classification (s) Institutional, I-2

Type of Construction type IA

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC? yes ~~N/A~~

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) N/A

### 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>N/A</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,  $S_D$  &  $S_{D1}$  (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,  $R_d$  and deflection amplification factor  $C_d$  (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

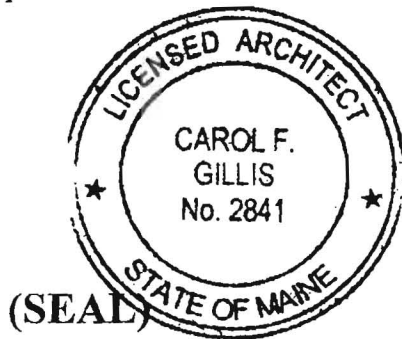
N/A Concentrated loads (1607.4)  
 Partition loads (1607.5)  
 Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



# Accessibility Building Code Certificate

Designer: Carol Gillis, AIA  
Address of Project: Maine Medical Center  
22 Bramhall Street, Portland  
Nature of Project: Interior Renovations for new  
gift shop, staff toilet rooms  
and support spaces.

To the best of my knowledge, information and belief,  
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: Carol F. Gillis  
Title: Principal  
Firm: Design Group Collaborative  
Address: 22 Free Street, St. 303  
Portland, ME 04101  
Phone: (207) 699-3300

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)



# Certificate of Design

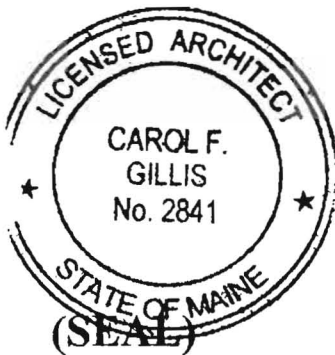
Date: July 20, 2011

From: Carol Gillis, AIA

These plans and / or specifications covering construction work on:

Maine Medical Center - Gift Shop Renovations

To the best of my knowledge, information and belief,  
I have been designed and drawn up by the undersigned, a Maine registered Architect /  
Engineer according to the ~~2003~~ **International Building Code** and local amendments.  
2009 CC.



Signature: Carol F. Gillis

Title: Principal

Firm: Design Group Collaborative

Address: 22 Free Street, St. 303  
Portland, ME 04101

Phone: (207) 699-3300

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on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

7. 2011

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Received from \_\_\_\_\_

Location of Work \_\_\_\_\_

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: \$2420

Building (IL) \_\_\_\_\_ Plumbing (IS) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 53.D.7

Check #: 038620

Total Collected \$2420

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

Taken by: [Signature]

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy