

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: 2011-08-1916-ALTCOMM

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

has permission to Add 2 vetsbules

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**

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 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.



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: 2011-08-1916-ALTCOMM

Located At: 22 BRAMHALL

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

Conditions of Approval:

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.

Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

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.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2011-08-1916-ALTCOMM	Date Applied: 8/5/2011	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:
Business Name: Maine Medical Center	Contractor Name: Wright-Ryan - Peter Haber	Contractor Address: 10 DANFORTH ST PORTLAND MAINE 04101	Phone: () 756-2520
Lessee/Buyer's Name:	Phone:	Permit Type: Commercial Alterations	Zone: C-41
Past Use: Hospital	Proposed Use: Same: Hospital - to construct two new vestibules on Levels P-7 and P-8	Cost of Work: \$150,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: <i>S</i> Use Group: Type: <i>IA</i>
Proposed Project Description: Construct 2 new Vestibules on P-7 & P-8		Signature: <i>[Signature]</i> (58)	Signature: <i>[Signature]</i> IBC 09
		Pedestrian Activities District (P.A.D.)	

Permit Taken By: Lannie	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>08/19/11</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:
	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	PHON



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>MAINE MEDICAL CENTER - 22 BRAMHALL ST., PORTLAND</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>53</u> <u>①</u> <u>7</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>WRIGHT-RYAN CONSTRUCTION</u> Address <u>10 DANFORTH ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u>	Telephone: <u>207-773-3625</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>MAINE MEDICAL CENTER</u> Address <u>22 BRAMHALL ST.</u> City, State & Zip <u>PORTLAND, ME 04102-3175</u>	Cost Of Work: \$ <u>150,000.-</u> C of O Fee: \$ <u>0</u> Total Fee: \$ <u>1,520.-</u>
Current legal use (i.e. single family) _____ If vacant, what was the previous use? _____ Proposed Specific use: <u>NEW VESTIBULE</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>CONSTRUCT TWO NEW VESTIBULES ON LEVELS P7 AND P8.</u>		
Contractor's name: <u>WRIGHT-RYAN CONSTRUCTION, INC.</u> Address: <u>10 DANFORTH ST.</u> City, State & Zip <u>PORTLAND, ME 04101</u> Telephone: <u>773-3625</u> Who should we contact when the permit is ready: <u>PETER HAREN</u> Telephone: <u>756-2520</u> Mailing address: <u>10 DANFORTH ST., PORTLAND ME 04101</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.

RECEIVED
Sept 5 2011
Dept. of Building Inspections
City of Portland, Maine

Signature: P. Haren Date: 9/4/11

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



Certificate of Design Application

From Designer: Walter Arsenault, AIA

Date: August 3, 2011

Job Name: Maine Medical Center - Gilman Street Garage

Address of Construction: 22 Bramhall Street, Portland
2009

~~2003~~ International Building Code

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

Building Code & Year IBC 2009 Use Group Classification (s) Storage, S

Type of Construction IA

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

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

Supervisory alarm System? NA Geotechnical/Soils report required? (See Section 1802.2) NA

Structural Design Calculations

NA 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>NA</u>	

Wind loads (1603.1.4, 1609)

NA Design option utilized (1609.1.1, 1609.6)

Basic wind speed (1809.3)

Building category and wind importance Factor, I_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)

NA Design option utilized (1614.1)

Seismic use group ("Category")

Spectral response coefficients, S & SDI (1615.1)

Site class (1615.1.5)

NA 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_R (1608.4)

Seismic design category (1616.3)

Basic seismic force resisting system (1617.6.2)

Response modification coefficient, R , 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)

NA Flood Hazard area (1612.3)

Elevation of structure

Other loads

NA 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)

RECEIVED

AUG - 5 2011

Dept. of Building Inspections
City of Portland Maine



New Commercial Permit Application Checklist

All of the following information is required and must be submitted. Checking off each item as you prepare your application package will ensure your package is complete and will help to expedite the permitting process.

One (1) complete Set of construction drawings must include:

Note: Construction documents for costs in excess of \$50,000.00 must be prepared by a Design Professional and bear their seal.

- Cross sections w/framing details
- Detail of any new walls or permanent partitions
- Floor plans and elevations
- Window and door schedules
- Foundation plans with rebar specifications and required drainage and damp proofing (if applicable)
- Detail egress requirements and fire separations
- Insulation R-factors of walls, ceilings, floors and U-factors of windows as per the IECC 2003
- Complete the Accessibility Certificate and The Certificate of Design
- A statement of special inspections as required per the IBC 2003
- Complete electrical and plumbing layout.
- Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review.
- Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17".
- Per State Fire Marshall, all new bathrooms must be ADA compliant.

Separate permits are required for internal & external plumbing, HVAC and electrical installations.

Nine (9) copies of the minor (< 10,000 sf) or major (> 10,000 sf) site plan application is required that includes:

- A stamped boundary survey to scale showing north arrow, zoning district and setbacks to a scale of $\geq 1" = 20'$ on paper $\geq 11" \times 17"$
- The shape and dimension of the lot, footprint of the proposed structure and the distance from the actual property lines. Photocopies of the plat or hand draw footprints not to scale will not be accepted.
- Location and dimensions of parking areas and driveways, street spaces and building frontage
- Finish floor or sill elevation (based on mean sea level datum)
- Location and size of both existing utilities in the street and the proposed utilities serving the building
- Existing and proposed grade contours
- Silt fence (erosion control) locations

Fire Department requirements.

The following shall be submitted on a separate sheet:

- Name, address and phone number of applicant **and** the project architect.
- Proposed use of structure (NFPA and IBC classification)
- Square footage of proposed structure (total and per story)
- Existing and proposed fire protection of structure.
- Separate plans shall be submitted for
 - a) Suppression system
 - b) Detection System (separate permit is required)
- A separate Life Safety Plan must include:
 - a) Fire resistance ratings of all means of egress
 - b) Travel distance from most remote point to exit discharge
 - c) Location of any required fire extinguishers
 - d) Location of emergency lighting
 - e) Location of exit signs
 - f) NFPA 101 code summary
- Elevators shall be sized to fit an 80" x 24" stretcher.

For questions on Fire Department requirements call the Fire Prevention Officer at (207) 874-8405.

Please submit all of the information outlined in this application checklist. If the application is incomplete, the application may be refused.

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.

Permit Fee: \$30.00 for the first \$1000.00 construction cost, \$10.00 per additional \$1000.00 cost

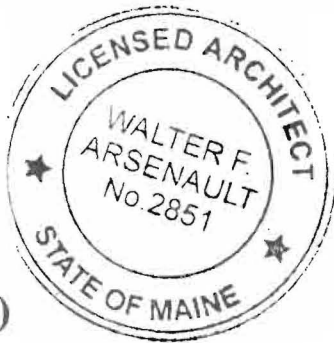
This is not a Permit; you may not commence any work until the Permit is issued.



Accessibility Building Code Certificate

Designer: Walter Arsenault AIA
 Address of Project: MAINE MEDICAL CENTER
22 Bramhall Street, Portland
 Nature of Project: add a vestibule to the
7th + 8th Floor of existing
Gilman Street Carage

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.



(SEAL)

Signature: Walter Arsenault
 Title: Principal
 Firm: Design Group Architects
 Address: 22 Free Street
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



Certificate of Design

Date: August 3, 2011

From: Walter Arsenault, AIA

These plans and / or specifications covering construction work on:

Maine Medical Center - Gilman Street Garage

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 ²⁰⁰⁹ ~~2003~~ **International Building Code** and local amendments.



Signature: Walter Arsenault

Title: Principal

Firm: Design Group Collaborative

Address: 22 Free Street

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



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

8.5. 20 11

Received from Wright + Ryan

Location of Work 115-115-1

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 11,520

Building (IL) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 53-2-1

Check #: 079541

Total Collected \$ 11,520

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

Taken by: Y. J.

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