

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND BUILDING PERMIT



This is to certify that

MAINE MEDICAL CENTER /Herbert Construction, LLC

Located at

22 BRAMHALL ST

PERMIT ID: 2012-50402

CBL: 053 D007001

has permission to **Construct 1 wall and new casework**

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 cloosed-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 procured prior to occupancy.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
THERE IS A 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.**

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

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Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-11-5434-ALTCOMM Located At: 22 BRAMHALL ST CBL: 053- D-007-001

Conditions of Approval:

Building

1. Application approval based upon information provided by the applicant or design professional. Any deviation from approved plans requires separate review and approval prior to work.
2. 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.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-11-5434- ALTCOMM	Date Applied: 11/19/2012	CBL: 053- D-007-001	
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, MAINE 04102	Phone: 662-2447
Business Name: Maine Medical Center	Contractor Name: Tim Hebert - Herbert Construction	Contractor Address: 9 GOULD RD LEWISTON MAINE 04240	Phone: (207) 783-2091
Lessee/Buyer's Name:	Phone:	Permit Type: Building	Zone: C-41
Past Use: Hospital	Proposed Use: Same: Hospital - to construct one new wall on Ground floor in dispatch area	Cost of Work: \$15,000.00 Fire Dept: 12/24/12 Signature: <i>[Signature]</i>	CEO District: Inspection: Use Group: I-2 Type: IA MUBEL '09 Signature: <i>[Signature]</i>
Proposed Project Description: Construct 1 wall and new casework		Pedestrian Activities District (P.A.D.) 12/10/12	
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><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: <i>11/20/12</i></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>
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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



General Building Permit Application

Entered 11/19/12 (B)

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.

2012 11 S-B-I-Altcomm

Location/Address of Construction: 22 Bramhall St. C-41		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D007-001	Applicant * must be owner, Lessee or Buyer * Name Maine Medical Center Address 22 Bramhall St. City, State & Zip Portland, ME 04102	Telephone: 207-662-2447
Lessee/DBA (if Applicant) RECEIVED NOV 19 2012 Dept. of Building Inspections City of Portland Maine	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>14,390.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>163.90</u>
Current legal use (i.e. single family) <u>Dispatch</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Dispatch</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>Construct (1) one new wall and provide some new casework.</u> <u>Ground Flr. 56 Bid.</u>		
Contractor's name: <u>Hebert Construction</u>		
Address: <u>9 Gould Road</u>		
City, State & Zip <u>Lewiston, ME 04240</u>		
Who should we contact when the permit is ready: <u>Daniel R. Hebert 207-783-2091</u>		Telephone: <u>212-2173</u> <u>212-2170</u>
Mailing address: _____		

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: <u>Daniel R. Hebert</u> Daniel R. Hebert / President	Date: November 15, 2012	RECEIVED
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This is not a permit; you may not commence ANY work until the permit is issued. NOV 19 2012

Dept. of Building Inspections
City of Portland Maine



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Receipts Details:

Tender Information: Check , Check Number: 42925\$163.90

Tender Amount: 163.90

Receipt Header:

Cashier Id: bsaucier

Receipt Date: 11/19/2012

Receipt Number: 50403

Receipt Details:

Reference ID:	8809	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	160.00	Charge Amount:	160.00
Job ID: Job ID: 2012-11-5434-ALTCOMM - Construct 1 wall and new casework			
Additional Comments: 22 Bramhall			

Reference ID:	8810	Fee Type:	UI-MI
Receipt Number:	0	Payment Date:	
Transaction Amount:	3.90	Charge Amount:	3.90
Job ID: Job ID: 2012-11-5434-ALTCOMM - Construct 1 wall and new casework			
Additional Comments:			

Thank You for your Payment!



Certificate of Design Application

From Designer: Carol Callis, AIA, Design Group Collaborative
 Date: November 5, 2012
 Job Name: Maine Medical Center - Dispatch Renovations
 Address of Construction: 22 Bramhall Street, Portland, ME 04102

2009 International Building Code

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

Building Code & Year 2009 Use Group Classification (s) 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 N/A

Is the Structure mixed use? no If yes, separated or non separated or non separated (section 302.3) N/A

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, 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)

N/A Design option utilized (1614.1)
 Seismic use group ("Category")
 Spectral response coefficients, S_D & S_1 (1615.1)
 Site class (1615.1.5)

N/A Live load reduction
 Roof h_w loads (1603.1.2, 1607.11)
 Roof snow loads (1603.7.3, 1606)
 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 , 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

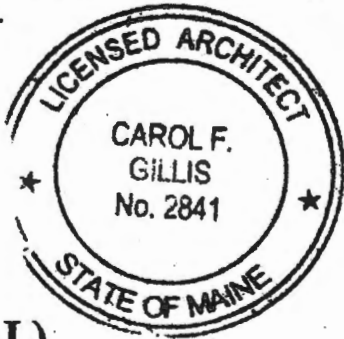
N/A Concentrated loads (1607.4)
 Partition loads (1607.5)
 Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



Accessibility Building Code Certificate

Designer: Carol Gillis, AIA
 Address of Project: Maine Medical Center
22 Bramhall Street, Portland, ME 04102
 Nature of Project: Dispatch Office Renovations

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: Carol Gillis
 Title: Principal
 Firm: Design Group Collaborative
 Address: 22 Free Street, Suite 303
Portland, ME 04101
 Phone: (207) 874-3300

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

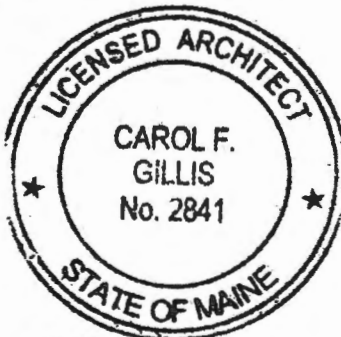
Date: November 5, 2012

From: Carol Gillis, AIA

These plans and / or specifications covering construction work on:

Maine Medical Center - Dispatch Renovations

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



(SEAL)

Signature: Carol Gillis

Title: Principal

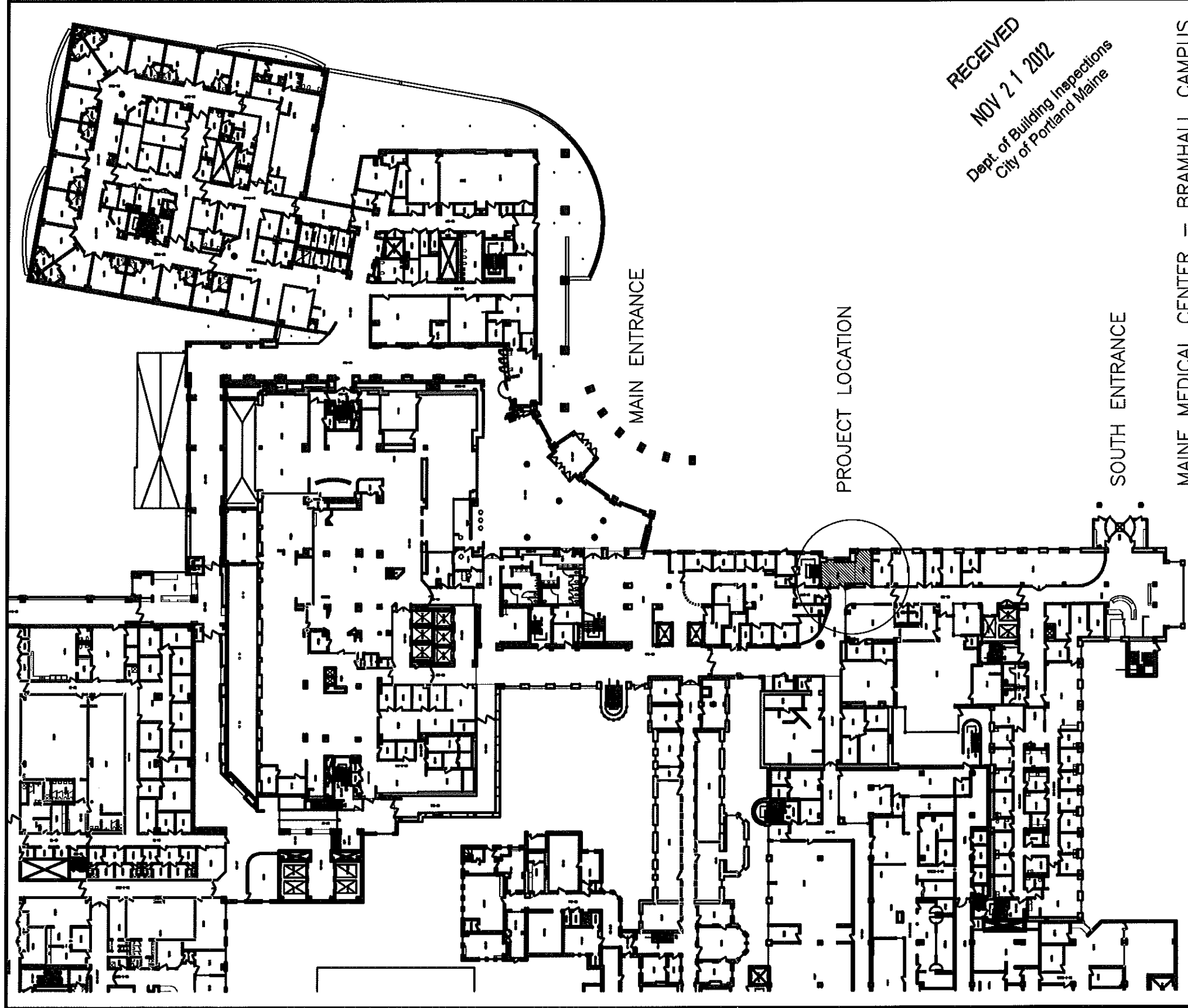
Firm: Design Group Collaborative

Address: 22 Free Street, Suite 303

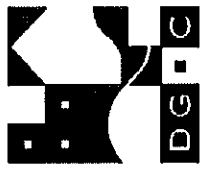
Portland, ME 04101

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



DESIGN GROUP
COLLABORATIVE



ARCHITECTURE
DESIGN + PLANNING
22 FREE STREET
PORTLAND, MAINE 04101
(207) 699-3300

SHEET TITLE

PROJECT LOCATION PLAN

PROJECT

MMC DISPATCH RENOVATIONS

DATE

11/21/12

SCALE

N.T.S.

PAGE NO.

A-1

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NOV 21 2012
Dept. of Building Inspections
City of Portland Maine

MAINE MEDICAL CENTER - BRAMHALL CAMPUS
GROUND FLOOR