

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.

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Address/Location of Construction: 22	Bramhall	Street			
Total Square Footage of Proposed Structure:		36			
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D007001	Address		Telephone: (207) 662-2013 Email: DOUGHD@mmc.org		
Lessee/Owner Name: Maine Medical Center (if different than applicant) Address: 22 Bramhall Street City, State & Zip: Portland, ME 04101 Telephone & E-mail: (207) 662-2013	Contractor Name: Suffolk Construction (if different from Applicant) Company, Inc. Address: 99 Conifer Hill Drive City, State & Zip: Danvers, MA 01923		Cost Of Work: \$ 16,914 C of O Fee: \$ Historic Rev \$ Total Fees: \$ 190		
Current use (i.e. single family) If vacant, what was the previous use? Proposed Specific use: 1-2 24 Hour Health Care Facility Is property part of a subdivision? If yes, please name Project description: New Security Control Door for Pediatric Short Stay Unit, East Tower, Ground Level					
Who should we contact when the permit is re	ady: Joel Per	ry			
Address: 99 Conifer Hill Drive					
City, State & Zip: Danvers, MA 01923			and the second s		
E-mail Address: jperry@suffolk.com			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Telephone: (617) 963-9992					
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Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

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	Anural F.	Dashow	Date	6-9,2014	
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	/ /	//			

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



PORTLAND MAINE

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Jeff Levine, AICP, Director
Director of Planning and Urban Development

Tammy Munson Director, Inspections Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a *legal signature* per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are *paid in full* to the Inspections Office, City of Portland Maine by method noted below:

\checkmark	Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to call the Inspections Office at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.
	Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to hand deliver a payment method to the Inspections Office, Room 315, Portland City Hall.
	I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature: Samuel & Daughty

Date: 6-9.2014

✓ I have provided digital copies and sent them on:

Date: 6.5.2014

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NOTE: All electronic paperwork must be delivered to <u>buildinginspections@portlandmaine.gov</u> or by physical means ie; a thumb drive or CD to the office.



Commercial Interior & Change of Use 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 ex	cess of \$50,000.00	0 must be prepa	red 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
Complete electrical and plumbing layout.
Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment,
HVAC equipment or other types of work that may require special review
Insulation R-factors of walls, ceilings, floors & U-factors of windows as per the IEEC 2009
Proof of ownership is required if it is inconsistent with the assessors records.
Reduced plans or electronic files in PDF format are required if originals are larger than 11" x 17"

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

For additions less than 500 sq. ft. or that does not affect parking or traffic, a site plan exemption should be filed including:

Per State Fire Marshall, all new bathrooms must be ADA compliant.

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□ Location and dimensions of parking areas and driveways, street spaces and building frontage.

Dimensional floor plan of existing space and dimensional floor plan of proposed space.

A Minor Site Plan Review is required for any change of use between 5,000 and 10,000 sq. ft. (cumulatively within a 3-year period)

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.

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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.



Certificate of Design Application

MILA			
From Designer:	Not Applicable - Minimal Re	novation	
Date:			
Job Name:			
Address of Constructio			
	2009 Internationa		
•	Construction project was designed to the	he building code criteria listed below:	
Building Code & Year	Use Group Classificatio	on (s)	
Type of Construction _			
Will the Structure have a Fig	re suppression system in Accordance with	Section 903.3.1 of the 2009 IRC	
		parated or non separated (section 302.3)	
		required? (See Section 1802.2)	
oupervisory amin bystein: _	Geoteennear, John Tepore I	required: (See Seedon 1802.2)	
Structural Design Calcula	itions	Live load reduction	
Submitted for	or all structural members (106.1 – 106.11)	Roof live loads (1603.1.2, 1607.11)	
	·	Roof snow loads (1603.7.3, 1608)	
Design Loads on Constru Uniformly distributed floor live		Ground snow load, Pg (1608.2)	
Floor Area Use	Loads Shown	If $P_g > 10$ psf, flat-roof snow load p_f	
		If $P_g > 10$ psf, snow exposure factor, Q	
		If $P_g > 10$ psf, snow load importance factor, I_0	
		Roof thermal factor, G(1608.4)	
		Sloped roof snowload, _{P3} (1608.4)	
Wind loads (1603.1.4, 1609)	Scismic design category (1616.3)	
Design option	n utilized (1609.1.1, 1609.6)	Basic seismic force resisting system (1617.6.2)	
Basic wind sp	peed (1809.3)	Response modification coefficient, _{Rt} and	
Building cates	gory and wind importance Factor,	deflection amplification factor (1617.6.2)	
Wind exposu	table 1604.5, 1609.5) ⁶⁶ re category (1609.4)	Analysis procedure (1616.6, 1617.5)	
Internal pressu	re coefficient (ASCE 7)	Design base shear (1617.4, 16175.5.1)	
Component an	d cladding pressures (1609.1.1, 1609.6.2.2)	Flood loads (1803.1.6, 1612)	
Main force win	d pressures (7603.1.1, 1609.6.2.1)	Flood Hazard area (1612.3)	
Earth design data (1603.1,	5, 1614-1623)	Elevation of structure	
Design option	n utilized (1614.1)		
Seismic use gr	coup ("Category")	Other loads	
Spectral respo	onse coefficients, SDs & SDI (1615.1)	Concentrated loads (1607.4)	
Site class (161:	5.1.5)	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:	Daniel F. Doughty, ATA
Address of Project:	22 Bramhall Street (East Tower Ground Floor)
Nature of Project:	Installing new security door for pediatric
	short stay unit.
	/

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: <u>Januel F. Daughty 6-9.2014</u>
Title: <u>Manager - Facilities Development</u>

Maine Medical Genter Firm:

Address: 22 Bram hall St.

Portland, MR 04102

Phone: 207-662-4722

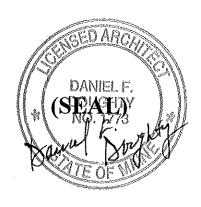
For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Certificate of Design

Date:	6-9-14	
From:	Daniel F. Doughty, ATA	
These plans an	d / or specifications covering construction work on:	
Installing	new security control door in Pediatric short Stay unit,	_
East tow	or, Ground Flow,	

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the **2009 International Building Code** and local amendments.



Signature: <u>Adval G. Abrahty</u>

Title: <u>Manager - Facilities Development</u>

Firm: Maine Medical Center

Address: 22 Bram hall St.

Porfland, ME 04102

Phone: 207-662-4722

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