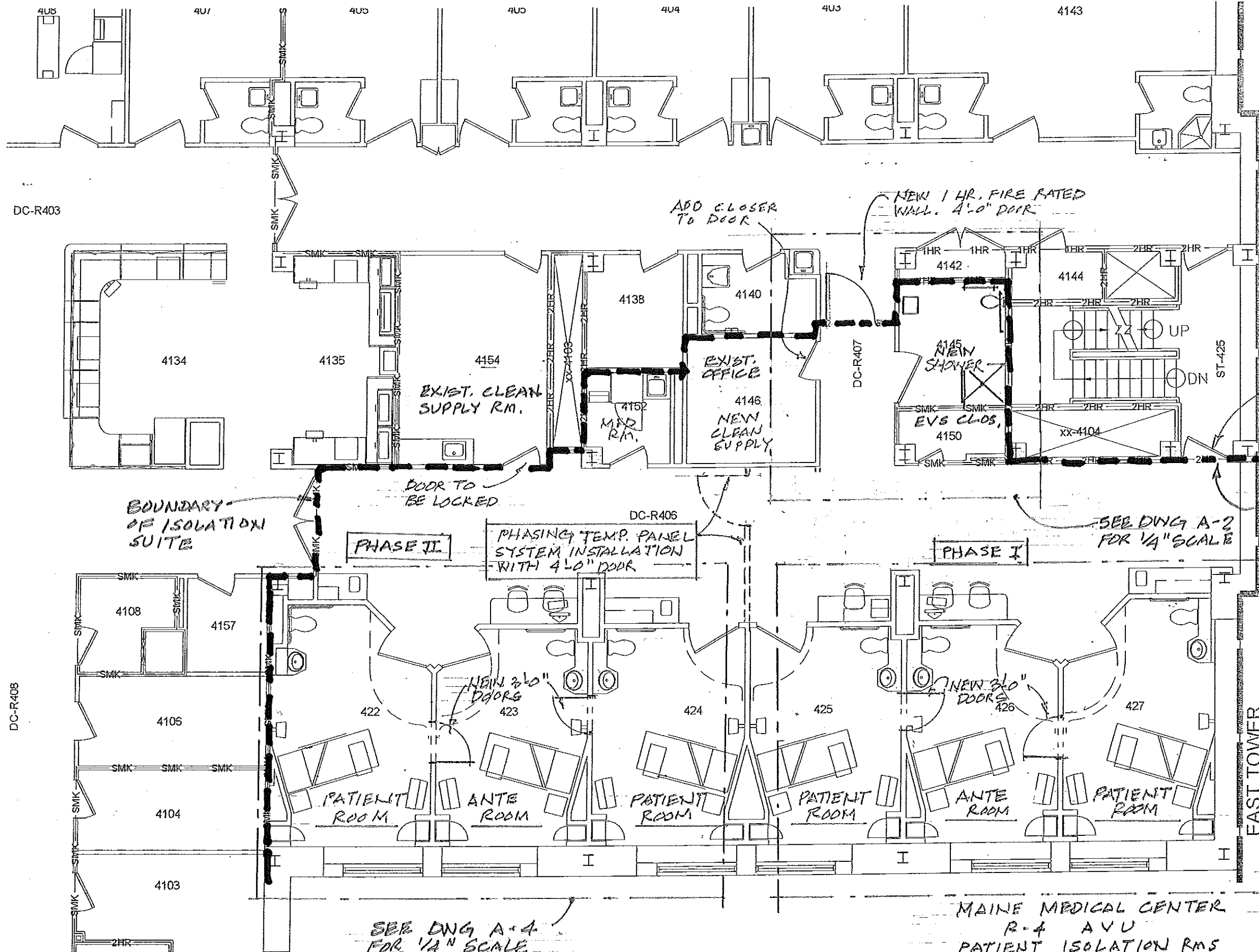
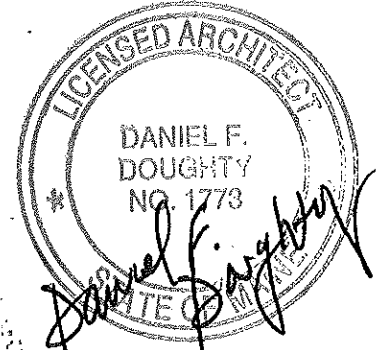




Reviewed for Code Compliance  
Inspections Division  
Approved with Conditions

Date: 10/17/14



DC-R403

DC-R408

BOUNDARY OF ISOLATION SUITE

DOOR TO BE LOCKED

PHASE II

PHASING TEMP. PANEL SYSTEM INSTALLATION WITH 4'-0" DOOR

DC-R406

PHASE I

SEE DNG A-2 FOR 1/4" SCALE

BOUNDARY OF ISOLATION SUITE

SEE DNG A-3 FOR 1/4" SCALE

SEE DNG A-4 FOR 1/4" SCALE

MAINE MEDICAL CENTER  
R-4 AVU  
PATIENT ISOLATION RMS  
PROPOSED REDESIGN  
OCT. 2014

DRAWING NO

A-1

DRAWING 1 OF 4



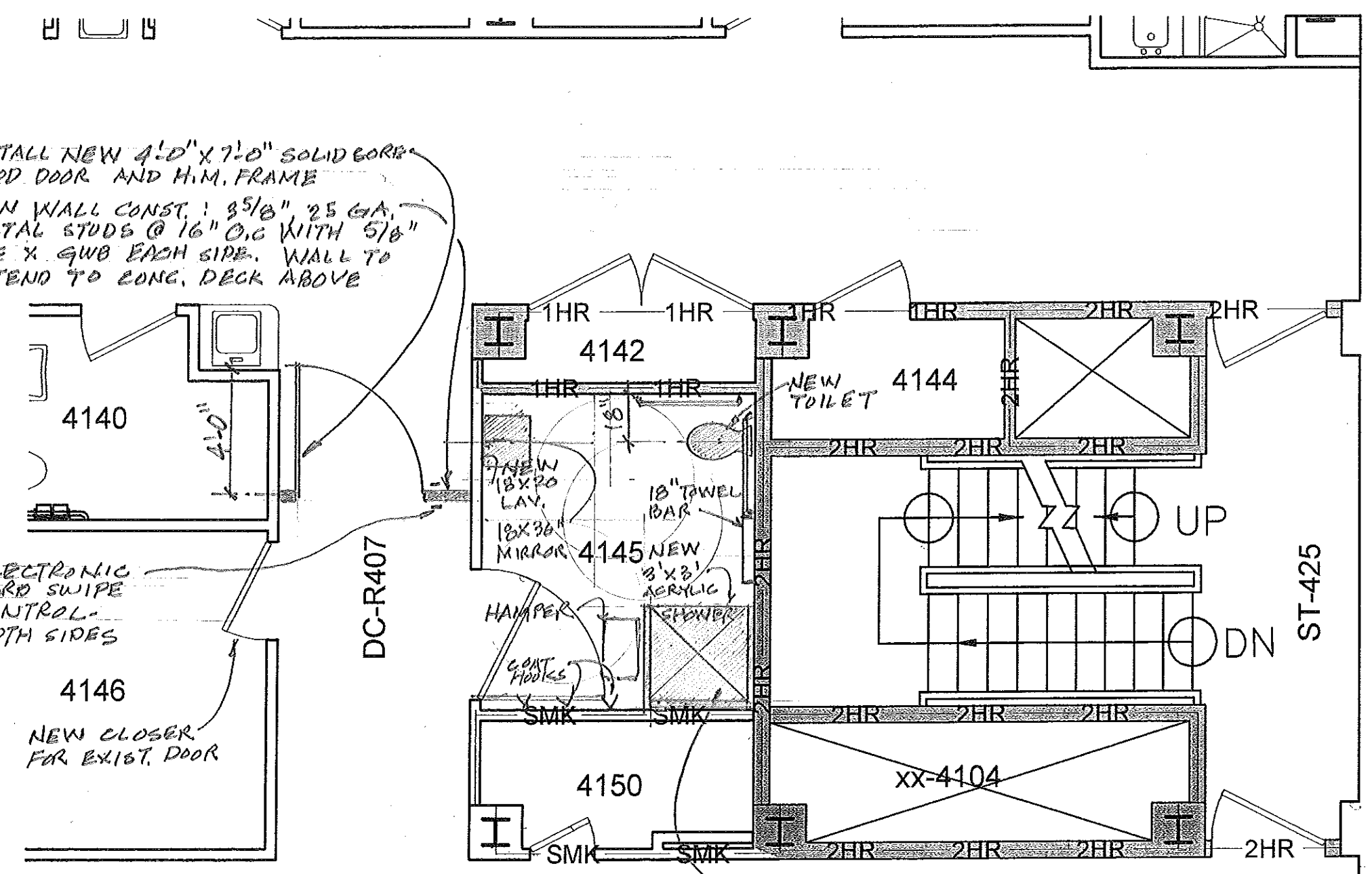
Reviewed for Code Compliance  
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Date: 10/17/14

INSTALL NEW 4'-0" X 7'-0" SOLID CORE  
WOOD DOOR AND H.M. FRAME  
NEW WALL CONST.: 3 5/8" 25 GA.  
METAL STUDS @ 16" O.C WITH 5/8"  
TYPE X GWB EACH SIDE. WALL TO  
EXTEND TO CONG. DECK ABOVE

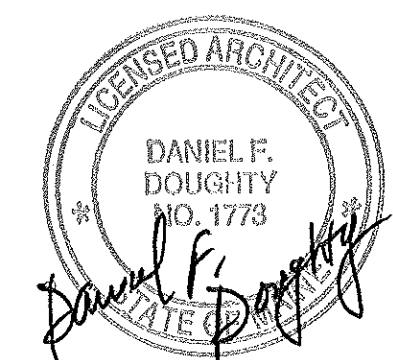
ELECTRONIC  
CARD SWIPE  
CONTROL  
BOTH SIDES

4146  
NEW CLOSER  
FOR EXIST. DOOR



DC-R407

ST-425



NEW 36" SQ. ACRYLIC  
SHOWER W/ CONG. BASE.

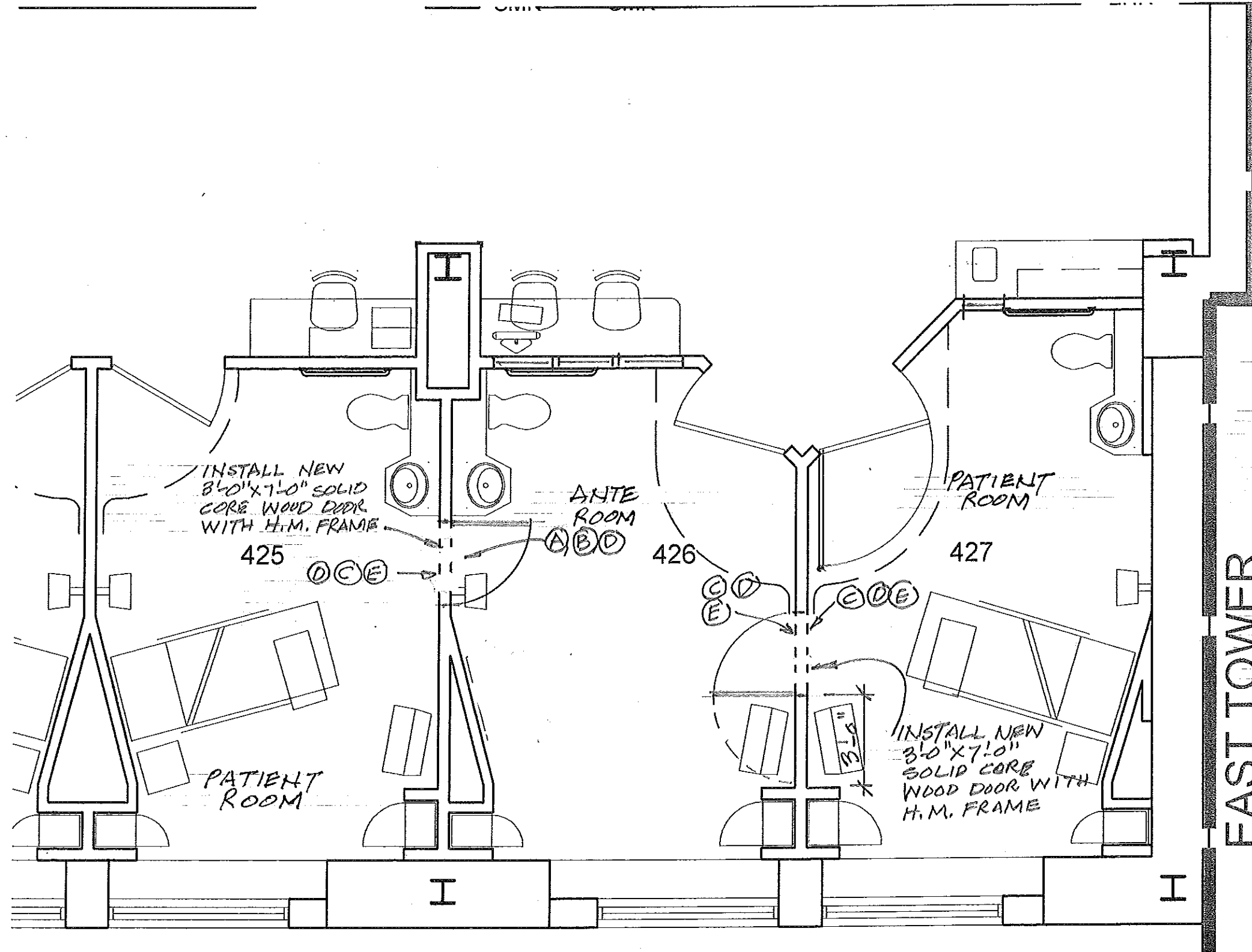
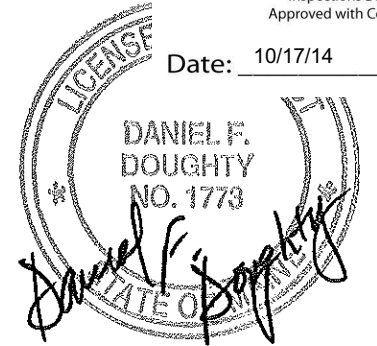
MAINE MEDICAL CENTER  
R-4 AVU  
PATIENT ISOLATION RMS  
SHOWER / TOILET UNIT ENTRY  
1/4" = 1'-0" OCT. 2014

DRAWING NO  
A-2  
DRAWING 2 OF 4



Reviewed for Code Compliance  
Inspections Division  
Approved with Conditions

Date: 10/17/14



CONSTRUCTION NOTES

- (A) RELOCATE NURSE CALL DEVICE
- (B) RELOCATE TELEMETRY MONITOR
- (C) RELOCATE TV, AND SUPPORT BRACKET
- (D) REMOVE PLEG, OUTLET
- (E) RELOCATE CLOCK

PHASE I

MAINE MEDICAL CENTER  
R-4 AYU  
EAST END ROOM DETAILS  
1/4" = 1'-0" OCT, 2014

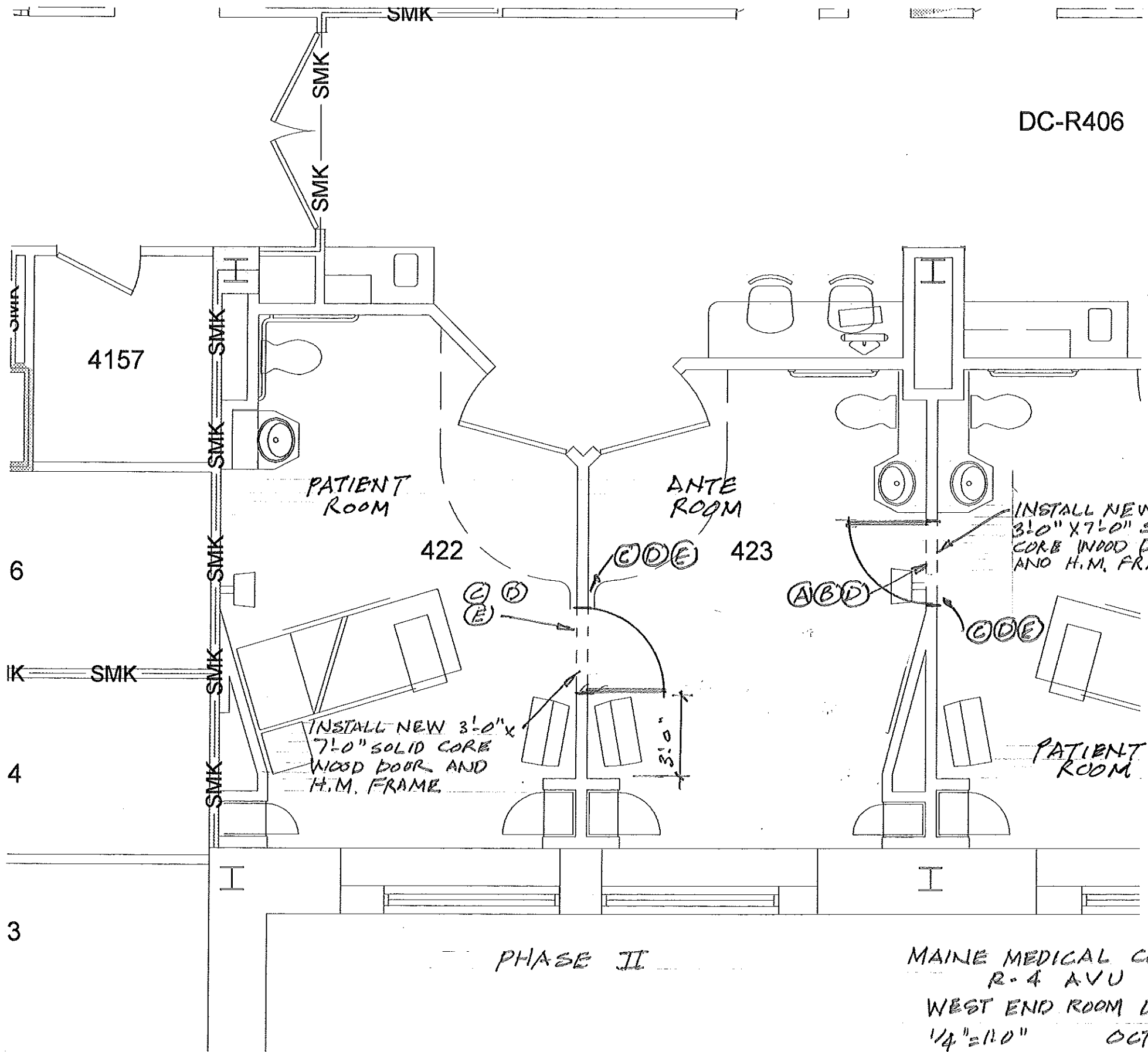
DRAWING NO  
A-3  
DRAWING 3 OF 4



Reviewed for Code Compliance  
Inspections Division  
Approved with Conditions

DC-R406

Date: 10/17/14

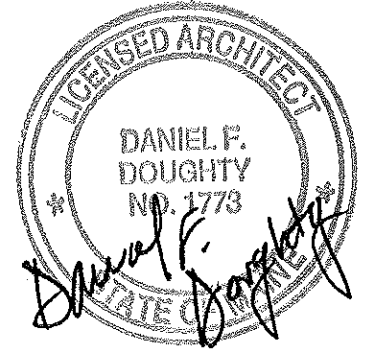


CONSTRUCTION NOTES

- (A) RELOCATE NURSE CALL DEVICE
- (B) RELOCATE TELEMTRY MONITOR
- (C) RELOCATE TV. AND SUPPORT BRACKET
- (D) REMOVE ELEC. OUTLET
- (E) RELOCATE CLOCK

INSTALL NEW 3'-0" X 7'-0" SOLID CORE WOOD DOOR AND H.M. FRAME

INSTALL NEW 3'-0" X 7'-0" SOLID CORE WOOD DOOR AND H.M. FRAME



PHASE II

MAINE MEDICAL CENTER  
R-4 AVU  
WEST END ROOM DETAILS  
1/4" = 1'-0" OCT, 2014

DRAWING NO  
A-4  
DRAWING 4 OF 4



# General Building Permit Application

Reviewed for Code Compliance  
Inspections Division  
Approved with Conditions

If you or the property owner owes real estate or personal property taxes or user charges within the City, payment arrangements must be made before permits of any kind Date: 10/17/14

Address/Location of Construction: 22 Bramhall Street, Portland, ME 04102		
Total Square Footage of Proposed Structure:		2590 S.F.
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Applicant Name: Address City, State & Zip	Telephone: Email:
053 D007001	Maine Medical Ctr. 22 Bramhall St. Portland, ME 04102	207.662.4722 doughd@mmc.org
Lessee/Owner Name : (if different than applicant) Address: City, State & Zip: Telephone & E-mail:	Contractor Name: (if different from Applicant) Address: City, State & Zip: Telephone & E-mail:	Cost Of Work: \$ C of O Fee: \$ Historic Rev \$ Total Fees : \$
N/A	Consigli 15 Franklin St. Portland, ME 04101 207 773-3000 www.Consigli.com	\$ 50,000 \$ \$ \$ 564.00
Current use (i.e. single family) I-2 24 Hour HealthCare Facility		
If vacant, what was the previous use? N/A		
Proposed Specific use: I-2 24 Hour HealthCare Facility		
Is property part of a subdivision? NO If yes, please name		
Project description: The installation of 4 doors between existing Patient rooms, adding one cross corridor wall and door, and reinstating a former shower/toilet room.		
Who should we contact when the permit is ready: Daniel Doughty (207 662-4722)		
Address: 22 Bramhall St.		
City, State & Zip: Portland, ME 04102		
E-mail Address: doughd@mmc.org		
Telephone: 207 662-4722		

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](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.

Signature: Daniel B. Doughty - MMC      Date: 10-17-2014

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