

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

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

|                                 |                    |                            |
|---------------------------------|--------------------|----------------------------|
| <b>Permit No:</b><br>2014-02461 | <b>Issue Date:</b> | <b>CBL:</b><br>053 D007001 |
|---------------------------------|--------------------|----------------------------|

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|---|--|--|--------------------------------------|---------------------------------|
| <b>Location of Construction:</b><br>22 BRAMHALL ST  | <b>Owner Name:</b><br>MAINE MEDICAL CENTER                                       | <b>Owner Address:</b><br>22 BRAMHALL ST PORTLAND, ME<br>04102  |                                      | <b>Phone:</b>                   |
| <b>Business Name:</b>   | <b>Contractor Name:</b><br>Langford and Low General<br>Contractor                | <b>Contractor Address:</b><br>248 Warren Avenue Portland ME 04103  |                                      | <b>Phone:</b><br>(207) 797-5141 |
| <b>Lessee/Buyer's Name</b>  | <b>Phone:</b>  | <b>Permit Type:</b><br>Alterations - Commercial  |                                      | <b>Zone:</b><br>C41             |
| <b>Past Use:</b><br>Maine Medical Center  | <b>Proposed Use:</b><br>Maine Medical Center -<br>Clinical Diagnostic Healthcare | <b>Permit Fee:</b><br>\$2,544.00   | <b>Cost of Work:</b><br>\$230,000.00 | <b>CEO District:</b><br>3       |
|   |  | <b>INSPECTION:</b>   |                                      |                                 |
| <b>Proposed Project Description:</b><br>Replacement of Nuclear Medicine equipment in place with dome<br>reconfiguration. Removal of existing camera for thyroid prep and<br>stretcher holding |  | <b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b><br><br>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied<br><br>Signature: _____ Date: _____ |                                      |                                 |

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|---|---|---|---|--|
| <b>Permit Taken By:</b><br>Idobson  | <b>Date Applied For:</b><br>10/21/2014  | <b>Zoning Approval</b>  |   |  |
| <ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol> | <b>Special Zone or Reviews</b><br><input type="checkbox"/> Shoreland<br><br><input type="checkbox"/> Wetland<br><br><input type="checkbox"/> Flood Zone<br><br><input type="checkbox"/> Subdivision<br><br><input type="checkbox"/> Site Plan<br><br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br><br>Date: _____ | <b>Zoning Appeal</b><br><input type="checkbox"/> Variance<br><br><input type="checkbox"/> Miscellaneous<br><br><input type="checkbox"/> Conditional Use<br><br><input type="checkbox"/> Interpretation<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Denied<br><br>Date: _____ | <b>Historic Preservation</b><br><input type="checkbox"/> Not in District or Landmark<br><br><input type="checkbox"/> Does Not Require Review<br><br><input type="checkbox"/> Requires Review<br><br><input type="checkbox"/> Approved<br><br><input type="checkbox"/> Approved w/Conditions<br><br><input type="checkbox"/> Denied<br><br>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 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.

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SIGNATURE OF APPLICANT ADDRESS DATE PHONE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE