

General Building Permit Application

If you or the property owner owes real estate or personal property taxes or usex charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

MAINE MEDICAL CENTER, ED	CT FITUP AND READING R	DOM REMOVATIONS
Address/Location of Construction:		
Total Square Footage of Proposed Struc	cture: RENOVATION OF :	1500 sf
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant Name: MMC, Mars Hall BARTURT Address 22 BRAMHALL ST. City, State & Zip PONT MID, ME 04102	Telephone: 207.662.011 Email: bartlm@mmc.org
Lessee/Owner Name (if different than applicant) (SAME) Address: City, State & Zip:	Contractor Name: LANGFORD & (If different from Applicant) LOW Address: 248 WARREN AVE City, State & Zip: PORTLAND, ME 04103	Cost Of Work: \$ 475,000 Cof O Fee: \$ Historic Rev \$
Telephone & E-mail:	Telephone & E-mail: 207. 797, 5141	Total Fees : \$
Current use (i.e. single family) CT S If vacant, what was the previous use? Proposed Specific use: CT SCAB Is property part of a subdivision? N If ye Project description: RENOVATION O	NA READING ROOM SPACE - HE s, please name	ALTHCARE - NO CHA
Who should we contact when the permit is a	eady: GUS DOUGHTY AT LANGE	ORD & LOW
Address: 248 WARREN AVE		
City, State & Zip: PORFLAND, ME		
E-mail Address: G. DOUGHTY @ L.	AHG FORDAND LOW. GOM	
Telephone: 207, 797, 5141		
Please submit all of the information	outlined on the applicable checklist	t. Failure to do so
	n automatic posmit devial	

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.

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01-11-1	-hall Builtill	
Signature: M.	~~1 &V (1621/1/101V)	/ Date: ///\$//\$

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



Accessibility Building Code Certificate

Designer:	SMRT INC, DEREK J. VEILLEUX AIA
Address of Project:	22 BRAMHALL ST, 04102
Nature of Project:	RENOVATION OF EXISTING SPACE FOR A
	NEW CT UNIT & UPGRADED READING
	ROOM SPACE.

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: Junifur

Title: ARCHITECT

Firm: SMRT INC.

Address: 144 FORE ST.

PORTLAND 04101

Phone: 207. 772. 3846

Fur 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:		1.12.15						
from:		DEREK J	· VEILL	EUX, A	NA	<i>br</i> c	# 318	35
				,				
'hese plan	s and / or sp	ecifications	s covering	construc	tion v	work on	ı:	
	_	CENTER	"	***************************************		5 AEA	5337	

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: Junifum

Title: ARCHITECT

Firm: SMRT INC.

Address: 144 FORE ST.

PORTLAND, 04101

Phone: 207. 772. 3846

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