General Building Permit Applicatic

If you or the property owner owes real estate or personal property taxes or user cl
within the City, payment arrangements must be made before permits of any

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

Address/Location of Construction: 22 Bramhall Street

Date: 10/16/15

Total Square Footage of Proposed Structure: 3930		
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D007001	**Applicant Name:** Marshall Bartlett Address 22 Bramhall Street City, State & Zip Portland ME 04101	Telephone: (207) 400-9794 Email: bartlm@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 Company, Inc. (if different from Applicant) Address: 65 Allerton Street City, State & Zip: Boston, MA, 02119 Telephone & E-mail: (617) 517-5256; pryan@suffolk.com	Cost Of Work: $ $1,844,700 C of O Fee: $ $20,306 Historic Rev $ **Total Fees : $** $20,306

Current use (i.e. single family) I-2 24 Hour Health Care Facility
If vacant, what was the previous use?
Proposed Specific use: I-2 24 Hour Health Care Facility
Is property part of a subdivision? ___ If yes, please name
Project description:
Phased renovation of (3) existing OR's for the construction of (2) new OR's.

Who should we contact when the permit is ready: Patrick Ryan
Address: 65 Allerton Street
City, State & Zip: Boston, MA, 02119
E-mail Address: pryan@suffolk.com
Telephone: (617) 517-5256

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: **Date:** 9/2/15

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