

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: <b>22 Branchall Street 4th floor</b>		Owner: <b>Maine Medical Center</b>		Phone: <b>871-2447</b>		Permit No: <b>001403</b>	
Owner Address: <b>22 Branchall Street</b>		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: <b>Herbert Construction LLC</b>		Address: <b>9 Gould Rd., Lewiston, ME</b>		Phone:		Permit Issued: <b>DEC 15 2000</b>	
Past Use: <b>Hospital</b>		Proposed Use: <b>Hospital</b>		COST OF WORK: <b>\$128,000.00</b>		PERMIT FEE: <b>\$ 792.00</b>	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <b>F2</b> Type: <b>213</b> <b>BOC899</b>	
Proposed Project Description: <b>Renovate</b>				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval: <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>				Signature:		Date:	
Permit Taken By: <b>Cayle</b>		Date Applied For: <b>December 11, 2000 GG</b>					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

\*\*\* Call Dan Hebert @ 783-2091

PERMIT ISSUED WITH REQUIREMENTS

**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 provisions of the code(s) applicable to such permit

**December 12, 2000**

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Zoning Appeal**

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

**Historic Preservation**

- Not in District or Landmark
- Does Not Require Review
- Requires Review

**Action:**

- Approved
- Approved with Conditions
- Denied

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS  
CEO DISTRICT

3

COMMENTS

Jan-11-2001 Check area work going well as per plans -

Feb 7-2001 Demo. completed started redo - minor work

Feb 22, 2001 work completed - Fire blocking around computer wiring - vent 1-7

<sup>Rm</sup> 4679 stop sink at set. & cof. OK. Fire strob in Rm 4671 - on order - OK. *[Signature]*

053-D-007

00-1403

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 22 Bramhall Street CBL: 053-D-007

Date of Issue February 23, 2001

Issued to Maine Medical Center

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 001403, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

MC B4

Use Group I2  
Type of Construction 2B  
Boca 1999

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

02/23/01 MAB

REVIEWED FOR  
BARBER FREE  
COMPLIANCE

**STATE OF MAINE**  
**DEPARTMENT OF PUBLIC SAFETY**  
**LICENSING AND INSPECTIONS UNIT**  
**AUGUSTA**  
**CONSTRUCTION PERMIT**

Permit No 10398



053-D-007

PERMISSION IS HEREBY GIVEN TO:

Maine Medical Center  
At: Richard Saklad  
22 Bramhall St.  
Portland, ME 04102

Location of project:

22 Bramhall St.  
Portland, ME

PROJECT TITLE:

Maine Medical Center  
MGB 4 Renovation  
OCCUPANCY CLASSIFICATION:  
Business

To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on May 14, ~~1999~~ 2000  
This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Dated the 15th day of November A.D. 1999  
FEE \$ 100.00  
SPRINKLED

*[Handwritten Signature]*  
Commissioner - Public Safety