

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030167

Please Read
Application And
Notes, If Any,
Attached

This is to certify that Maine Medical Center/Hebert Construction LLC
has permission to Renovations of clinic space and and
AT 22 Bramhall St 053 D007001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Modification of inspection must be given and when permission procured before this building or part thereof is started or otherwise closed-in. 4 HOUR NOT REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature] 3/20/03
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

EXPIRED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0167	Issue Date:	CBL: 053 D007001
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Location of Construction: 22 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: 207-871-2447
Business Name: n/a	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: 2077832091
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	Zone: R6

Past Use: Commercial / Maine Medical Center	Proposed Use: Maine Medical Center / Interior Renovations of existing clinic space on ground floor and first floor.	Permit Fee: \$12,623.00	Cost of Work: \$1,800,000.00	CEO District: 2
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Proposed Project Description: Renovations of clinic space ground and first floor.	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 3 Type: 1 3/24/03 Signature: <i>[Signature]</i>
	Signature: <i>[Signature]</i>	

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

Permit Taken By: gg	Date Applied For: 03/06/2003	Zoning Approval		
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<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	Special Zone or Reviews <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 checked="" type="checkbox"/> MM <input type="checkbox"/> Date: <i>3/10/03</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: <i>Requires A Separate Review</i>
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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.

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

⑤ 4/1/04 Close in okay - special rooms - area, fire caulking
done - go

04/06/09 Expired permit. No one called for a
firm - insp.

All Purpose Building Permit Application

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

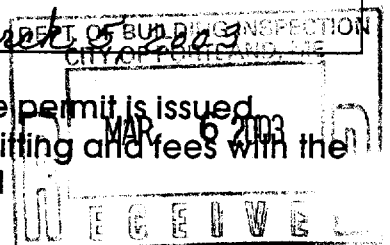
Location/Address of Construction: <u>Maine Medical Center - 22 Bramhall Street</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>053</u> Block# <u>D</u> Lot# <u>009</u>	Owner: <u>Maine Medical Center</u>	Telephone: <u>(207) 871-2447</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Hebert Construction</u> Attn: <u>Daniel R. Hebert</u> <u>9 Gould Road, Lew. ME</u> <u>(207) 783-2091</u>	Cost Of Work: <u>\$1.8 million</u> Fee: <u>\$12,623.00</u>
Current use: <u>Out Patient Clinics</u>		
If the location is currently vacant, what was prior use: <u>N/A</u>		
Approximately how long has it been vacant: <u>N/A</u>		
Proposed use: <u>Out Patient Clinics</u>		
Project description: <u>Interior Renovations on Ground Floor and First Floor</u>		
Contractor's name, address & telephone: <u>Hebert Construction LLC - 9 Gould Road</u> <u>Lewiston, ME 04240 - (207) 783-2091</u>		
Who should we contact when the permit is ready: <u>Dan Hebert - (207) 783-2091</u>		
Mailing address: <u>9 Gould Road</u> <u>Lewiston, ME 04240</u>		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: (207) 783-2091		

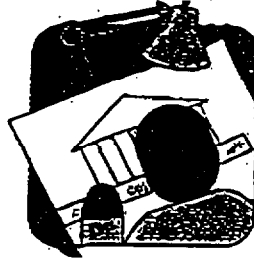
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: <u>Daniel R Hebert</u>	Date: <u>March 5, 2003</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall





CITY OF PORTLAND MAINE

389 Congress St., Rm 315

Portland, ME 04101

Tel. - 207-874-8704

Fax - 207-874-8716

TO: Inspector of Buildings City of Portland, Maine
Planning & Urban Development
Division of Housing & Community Services

FROM DESIGNER: Michael Tague
JSA, Inc.

DATE: March 5, 2003

Job Name: P1C Out-patient Clinic Renovations

Address of Construction: 22 Bramhall Street

THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION

Construction project was designed according to the building code criteria listed below:

Building Code and Year BOCA 1999 Use Group Classification(s) B
Type of Construction TYPE I Bldg. Height N.A. Bldg. Sq. Footage N.A. Ext.
Seismic Zone N.A. Existing Group Class N.A. Existing
Roof Snow Load Per Sq. Ft. N.A. Existing Dead Load Per Sq. Ft. N.A. Ext.
Basic Wind Speed (mph) N.A. Ext. Effective Velocity Pressure Per Sq. Ft. N.A. Ext.
Floor Live Load Per Sq. Ft. EXISTING

Structure has full sprinkler system? Yes No Alarm System? Yes No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

Is structure being considered unlimited area building: Yes No

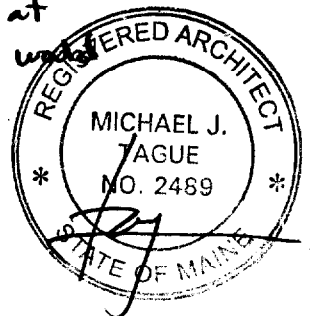
If mixed use, what subsection of 313 is being considered N.A.

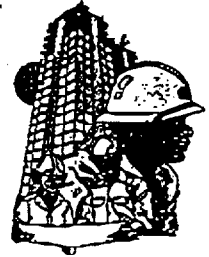
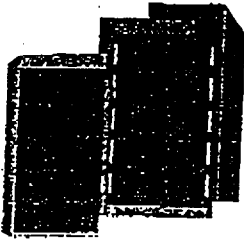
List Occupant loading for each room or space, designed into this Project.

A 16,237 S.F. renovation to existing clinic space at Maine Medical Center. Total occupancy of space under
is 163.

PSH 6/07/2K

(Designers Stamp & Signature)





**CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Rm 315
Portland, ME 04101**

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: Michael Tague

RE: Certificate of Design

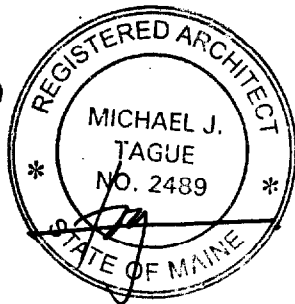
DATE: March 5, 2003

These plans and/or specifications covering construction work on:

An interior renovation project at Maine Medical
Center, 22 Bramhall Street

Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1999 Fourteenth Edition, and local amendments.

(SEAL)



Signature

Michael Tague

Title

Principal

Firm

JSA Inc.

Address

55 Green Street
Portsmouth, NH 03801

As per Maine State Law:

\$50,000.00 or more in new construction, repair, expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.



CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE

Designer: Michael Tague

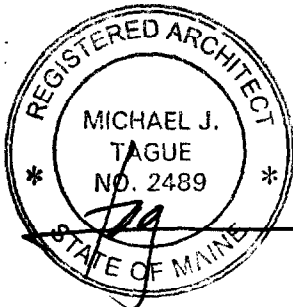
Address of Project 22 Bramhall Street

Nature of Project A 16,727 S.F. interior
renovation of existing clinic space

Date March 5, 2003

The technical submissions covering the proposed construction work as described above have been have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

(SEAL)



Signature Michael Tague

Title Principal

Firm ISA Inc.

Address 55 Green Street
Portsmouth, NH 03801

Telephone (603) 436-2551



CITY OF PORTLAND, MAINE

Department of Building Inspections

April - 6 2003

Received from Hebert Construction

Location of Work 22 Brantall St

Cost of Construction \$ _____

Permit Fee \$ ~~15,000.00~~ 12,622.00

Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other _____

CBL: _____

Check #: 007863 Total Collected \$ 12,622.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

Handwritten signatures and initials in red ink.