

PERMIT ISSUED

CITY OF PORTLAND

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 030652

This is to certify that Maine Medical Center/Hebert Construction
has permission to Reconfigure existing 1,028 sq ft. Of the emergency department to accommodate Emergency Psych. Patients.
AT 2 Bramhall St Portland, ME 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.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. **48 HOUR NOTICE IS 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 _____

PERMIT ISSUED
JUN 19 2003

[Signature] 6/18/03
Director - Building & Inspection Services

CITY OF PORTLAND PENALTY FOR REMOVING THIS CARD

EXPIRED

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0652	Issue Date: JUN 19 2003	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St CITY OF PORTLAND	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: Maine Medical Center / Emergency Department	Proposed Use: Emergency Department / Reconfigure 1,028 sq. Ft. of existing space to accommodate Emergency Psych. Patients.	Permit Fee: \$1,073.00	Cost of Work: \$150,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 1B 6/18/03	

Proposed Project Description:
Reconfigure existing 1,028 sq. Ft. Of the emergency department to accommodate Emergency Psych. Patients.

Signature: *[Handwritten Signature]*

Signature: *[Handwritten Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gg	Date Applied For: 06/09/2003	Zoning Approval		
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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..	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 type="checkbox"/> MM <input type="checkbox"/> Date: <i>6/18/03</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 <i>Any exterior work requires A sep state 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

04/06/09

Expired permit. As per crown
for a final IRS

City of Portland, Maine - Building or Use Permit

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

Permit No: 03-0652	Date Applied For: 06/09/2003	CBL: 053 D007001
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Location of Construction: 2 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 (207) 783-2091
Lessee/Buyer's Name n/a	Phone: n/a	Permit Type: Alterations - Commercial	

Proposed Use: Emergency Department / Reconfigure 1,028 sq. Ft. of existing space to accommodate Emergency Psych. Patients.	Proposed Project Description: Reconfigure existing 1,028 sq. Ft. Of the emergency department to accommodate Emergency Psych. Patients.
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 06/16/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 06/18/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 06/16/2003
Note:			Ok to Issue: <input checked="" type="checkbox"/>
1) the fire alarm system shall be maintained to NFPA 72 standards 2) the sprinkler system shall be maintained to NFPA 13 standards 3) Application requires State Fire Marshal approval.			

030652

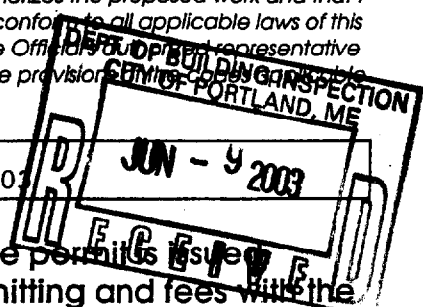
All Purpose Building Permit Application

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>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>007</u>	Owner: <u>Maine Medical Center</u>	Telephone: <u>871-2447</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>783-2091</u> <u>Hebert Construction, LLC</u> <u>9 Gould Road</u> <u>Lewiston, ME 04240</u>	Cost Of Work: \$ <u>150,000.00</u> Fee: \$ <u>1073.00</u>
Current use: <u>Emergency Department</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Emergency Department</u>		
Project description: <u>RECONFIGURE 1,028 S.F. EXIST SPACE TO ACCOMMODATE EMERGENCY PSYCH. PATIENTS.</u>		
Contractor's name, address & telephone: <u>Hebert Construction, LLC, 9 Gould Road, Lewiston, ME 04240 783-2091</u>		
Who should we contact when the permit is ready: <u>Daniel R. Hebert</u>		
Mailing address: <u>Same as above</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: 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 or his/her representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the Code of the City of Portland, ME to this permit.

Signature of applicant: <u>Daniel R Hebert</u>	Date: <u>6-9-03</u>	
<p>This is NOT a permit, you may not commence ANY work until the permit is issued.</p> <p>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</p>		

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

Pre-construction Meeting: Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

NA
NA
NA

Footing/Building Location Inspection: Prior to pouring concrete

Re-Bar Schedule Inspection: Prior to pouring concrete

Foundation Inspection: Prior to placing ANY backfill

Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling

Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

David Moore
Signature of applicant/designee

Date

Low
Signature of Inspections Official

6/19/03
Date

CBL: 053-D-007 Building Permit #: 03-0652



Maine Medical Center

Facilities Development
22 Bramhall Street
Portland, Maine 04102-3175

LETTER OF TRANSMITTAL

DATE: June 05, 2003 Project No.: 23083
ATTENTION: **Dave Moore, Hebert Construction LLC**
REGARDING: ED Psych Intervention Unit

Hebert Construction LLC
9 Gould Road
Lewiston, ME 04240

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

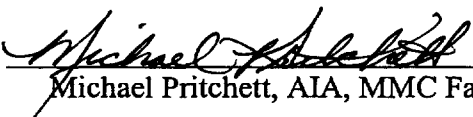
- Shop Drawings
- Prints
- Plans
- Samples
- Specifications
- Copy of Letter
- Change Order
- Other _____

Copies	Date	No.	DESCRIPTION
1	5/19/03		Copy of Final Floor Plan
1	6/05/03		Door Schedule
1	6/05/03		Door Hardware Schedule
1	6/05/03		Room Finish Schedule and Legend (Draft)

THESE ARE TRANSMITTED as checked below:

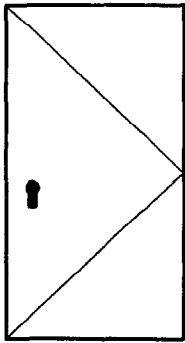
- For approval
- Approved as submitted
- Resubmit _____ copies for approval
- For your use
- Approved as noted
- Submit _____ copies for distribution
- As requested
- Returned for correction
- Return _____ signed and dated copy
- For review and comment
- _____
- For bids due _____ 20__
- PRINTS RETURNED AFTER LOAN TO US

REMARKS The attached revised floor plan is forwarded to you for your use in finalizing your cost estimates for this project. Please contact me if you have questions or require additional information.

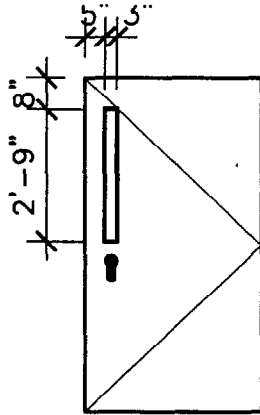
SIGNED: 
Michael Pritchett, AIA, MMC Facilities Development

CC:

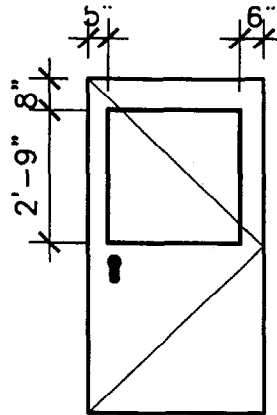
If enclosures are not as noted, kindly notify us at once.



(A) DOOR TYPE



(B) DOOR TYPE



(C) DOOR TYPE

GENERAL HARDWARE NOTES

1. ALL DOORS WITHIN PSYCH UNIT SHALL HAVE PADDLE HANDLES WITH HANDLES TURNED DOWN.
2. ALL DOORS, FRAMES, AND HARDWARE SHALL MATCH MMC BUILDING STANDARD UNLESS OTHERWISE NOTED.
3. ALL HARDWARE SHALL COMPLY WITH ADA REQUIREMENTS AND STANDARDS.
4. ALL SEPARATE LOCKS SHALL BE MASTER-KEYED TO MMC STANDARDS.
5. HARDWARE FINISH: US26, SATIN CHROMIUM
6. PAINT ALL HM DOOR FRAMES TO MATCH EXIST. CONDITIONS, UNLESS OTHERWISE NOTED.
7. PROVIDE ACOUSTICAL SEALS AT FULL PERIMETER OF ALL DOOR JAMBS.

INTERIOR DOOR TYPES

SCALE : 1/4" = 1'-0"

DOOR SCHEDULE

DOOR SCHEDULE ABBREVIATIONS

CLO.	CLOSURE	MAS.	MASONITE	TMP	TEMPERED
DASH	DOUBLE ACTING SPRING HINGE	M.C.	MAGNET CONTACT	THK	THICKNESS
EHO	ELECTRO. HOLD OPENER	M.L.	MAGNETIC DOOR LOCK	W	WEATHERSTRIP
EED	ELECTRIFIED EXIT DEVICE	MTL	METAL	WD	WOOD (SOLID)
FR	FIRE RATED	NO	NUMBER	WG	WIRE GLASS
HDWE	HARDWARE	P.H.	PANIC HARDWARE		
HM	HOLLOW METAL	P/P	PUSH-PULL		
HO	HOLD OPEN /CLOSURE	S.H.	SPRING HINGE		
INS	INSULATION				

LEAF							GLAZING			FRAMES				HDWE SET No.	REMARKS
NO.	TYPE	SIZE	THK	F.R.	MAT'L.	U/C	MAKE	THK	TYPE	TYPE	MAT'L.	DETAILS			
												HEAD	JAMB		
001	C	3'-8" X 7'-0"	1-3/4"	1/3 HR	WD		CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	1	PROVIDE ACOUSTICAL SEALS
002	C	3'-8" X 7'-0"	1-3/4"	1/3 HR	WD		CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	2	PROVIDE ACOUSTICAL SEALS
003	C	3'-8" X 7'-0"	1-3/4"	N/A	WD	1/4"	CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	1	PROVIDE ACOUSTICAL SEALS
004	C	3'-8" X 7'-0"	1-3/4"	N/A	WD	1/4"	CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	5	PROVIDE ACOUSTICAL SEALS
005	C	3'-8" X 7'-0"	1-3/4"	N/A	WD	1/4"	CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	5	PROVIDE ACOUSTICAL SEALS
006	A	3'-0" X 7'-0"	1-3/4"	N/A	WD	1/4"	N/A	N/A	N/A	HM	MTL	4/A-1	6/A-1	6	PROVIDE ACOUSTICAL SEALS
007	C	3'-8" X 7'-0"	1-3/4"	1/3 HR	WD		CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	3	PROVIDE ACOUSTICAL SEALS
008	B	3'-0" X 7'-0"	1-3/4"	N/A	WD	1/4"	CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	4	PROVIDE ACOUSTICAL SEALS
009	C	3'-0" X 7'-0"	1-3/4"	N/A	WD	1/4"	CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	4	PROVIDE ACOUSTICAL SEALS
010	C	3'-0" X 7'-0"	1-3/4"	1/3 HR	WD		CLEAR	1/4"	TMP	HM	MTL	4/A-1	6/A-1	4	PROVIDE ACOUSTICAL SEALS

DOOR HARDWARE SCHEDULE

- A. Provide hardware for each door with requirements of hardware set numbers indicated in Door Schedule and in the following schedule of hardware sets to match existing except as described below.
1. Hardware sets indicate quantity, item, manufacturer, and product designation, size, and finish or color, as applicable.
 2. Lockset designs: Provide lockset designs as designated to match the Hospital's existing system and as scheduled below.

HW Set No. 1 – Patient Room / Interview

Doors: 001, 003

Each leaf to have keyed lockset (ANSI F87 Function), paddle lever handle (both sides turned down), ball bearing hospital hinges, overhead closer, doorstop, silencers, and sound stripping. (Closer not needed on Door 003.)

HW Set No. 2 – Corridor (Passage)

Doors: 002

Each leaf to have non-keyed latchset (ANSI F75 Function), paddle lever handle (both sides turned down), ball bearing hospital hinges, overhead closer, magnetic hold open tied to the fire alarm system, doorstop, silencers, and sound stripping. Door 002 will be converted to HW Set No. 03 in the future.

HW Set No. 3 – Corridor (Electronic)

Doors: 007

Each leaf to have electronic lockset (ANSI F87 Function) with Proximity card reader (both sides), paddle lever handle (both sides turned down), ball bearing hospital hinges, overhead closer, doorstop, silencers, and sound stripping. Verify with Steve Hobart (Director of Security) whether existing Proximity card reader in Corridor DC-B/ER8 can be relocated to Door 007.

HW Set No. 4 – Office

Doors: 008, 009, 010

Each leaf to have keyed lockset (ANSI F81 Function), paddle lever handle (both sides turned down), ball bearing hospital hinges, overhead closer (Door 010 only), doorstop, silencers, and sound stripping.

HW Set No. 5 – Patient Room

Doors: 004, 005

Each leaf to have non-keyed latchset (ANSI F75 Function), paddle lever handle (both sides turned down), ball bearing hospital hinges, doorstop, silencers, and sound stripping.

HW Set No. 6 – Patient Toilet

Doors: 006

Each leaf to have keyed lockset (ANSI F90 Function), paddle lever handle (both sides turned down), ball bearing hospital hinges, overhead closer, doorstop, silencers, and sound stripping. Key to be mounted at top of doorframe OUTSIDE the room for access by staff at all times.

Room Finish Schedule

Room #	Room Name	Floor			Walls		Door & Door Finish Trim		Ceiling		Equip. & Accessories Reamt.	Remarks
		Material	Detail/ Drwg.	Base	Mat'l	Finish	Door	Door Trim	Material	Finish		
B101A	Paramedic's Office	ETR	N/A	MATCH EXISTING	GWB	PTD	MATCH EXISTING	MATCH EXISTING	ETR	ETR		Note 1
B113	Nurses' Office	ETR	N/A	ETR	GWB	PTD	N/A	N/A	ETR	ETR		Note 1
B131	Psych. Office	CPT1	N/A	VB	GWB	PTD	N/A	N/A	MATCH EXISTING	ETR		Note 1
B132	Patient Room/Interview	VCT	N/A	MATCH EXISTING	GWB	PTD	ST1	P2	GWB OVER PLYWD	PTD		Notes 2 & 3
B133	Corridor	VCT	N/A	MATCH EXISTING	GWB	PTD	ST1	P2	ACT	N/A		Notes 2 & 3
B133A	Waiting Area	VCT	N/A	MATCH EXISTING	GWB	PTD	ST1	P2	ACT	N/A		Notes 2 & 3
B135	Patient Room	VCT	N/A	MATCH EXISTING	GWB	PTD	ST1	P2	GWB OVER PLYWD	PTD		Notes 2 & 3
B137	Patient Room	VCT	N/A	MATCH EXISTING	GWB	PTD	ST1	P2	GWB OVER PLYWD	PTD		Notes 2 & 3
B139	Patient Toilet	CT	N/A	CT	CT/GWB	PTD	ST1	P2	GWB OVER PLYWD	PTD		Notes 3 & 4

NOTES:

1. Match existing wall paint finish.
2. Match existing wall and floor finishes.
3. Psychiatric Safe Environment – Provide “Hi-Impact Brand 2000” impact resistant GWB by National Gypsum, 5/8”, type “X”.
4. Ceramic Tile wainscot to 5’-0” AFF at all walls.
5. Not Used

CARPET LEGEND	CERAMIC TILE LEGEND	
CPT 1- ShawTek – “Hit the Books” with Ultraloc MP backing; Color # to be selected.	CT1- (Toilet Room Floor) Match Existing	
(PENDING)		
PLASTIC LAMINATE LEGEND	PAINT LEGEND - Benjamin Moore	STAIN LEGEND
PL 1- Nevamar;	P1 – Match Existing	ST1 – Clear Finish; Match Existing
PL 1- Nevamar;	P2 – Match Existing; Moore #1004 (Pearl Finish)	
VINYL COMPOSITE TILE LEGEND		WALLCOVERING LEGEND
VCT1 – Match Existing		VWC 1- (waiting room)

F:\COR\696\in\schedules\FINLEGrev.WPD



**CITY OF PORTLAND
ACCESSIBILITY CERTIFICATE**

Designer: Daniel F. Doughty AIA - Maine Medical Center

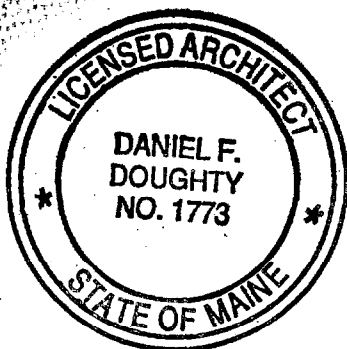
Address of Project 22 Bramhall St., Portland, ME 04102

Nature of Project Renovate the existing office area of the
MMC Emergency Dept. to accommodate an E.O. Psych. Holding Area,
(Intervention Area)

Date June 7, 2003 and Under slab Elev. Breakdown.

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.

(SEAL)



Signature Daniel F. Doughty AIA

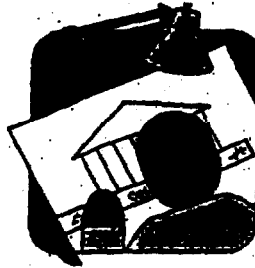
Title Director - Facilities Development

Firm Maine Medical Center

Address 22 Bramhall St.

Portland, ME 04102

Telephone (207) 871-2013



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: Daniel F. Doughty AIA

DATE: 6/09/03

Job Name: ED ELECTRICAL BACK FEED / PSYCHIATRIC INTERVENTION UNIT.
Address of Construction: 22 BRANHILL ST., PORTLAND, ME (RICHARDS BUILDING).

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) I-2
Type of Construction 1B Bldg. Height 11 FLS (126.5') Bldg. Sq. Footage 197,071 total
Seismic Zone C (performance category) Group Class III
Roof Snow Load Per Sq. Ft. N/A. Project is in sub-basement Dead Load Per Sq. Ft. N/A. SLAB ON GROUND
Basic Wind Speed (mph) 85 +/- Effective Velocity Pressure Per Sq. Ft. N/A. Project located on BLDG
Floor Live Load Per Sq. Ft. min 40/rooms and 80/corridors (note we are slab on ground)

(PARTIAL)
NOT ALL
FLOORS

Structure has full sprinkler system? Yes No X 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 X

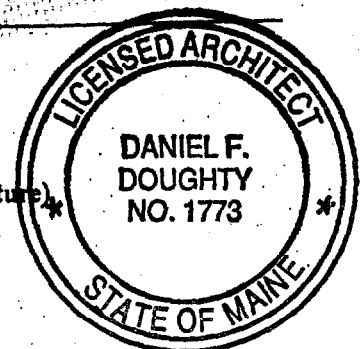
If mixed use, what subsection of 313 is being considered N/A

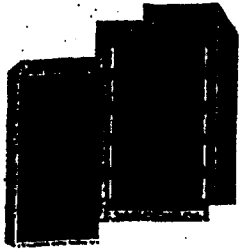
List Occupant loading for each room or space, designed into this Project.

- ~~Basement~~ - Renovated space involves
- 830 sq. ft. or max. anticipated occupants of 9 people

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: Daniel F. Doughty AIA - Maine Medical Ctr

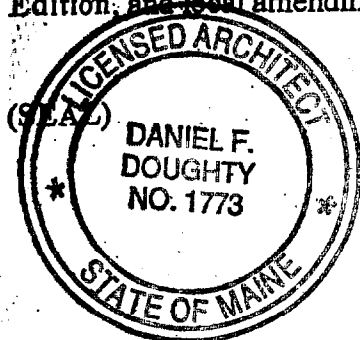
RE: Certificate of Design

DATE: June 9, 2003

These plans and/or specifications covering construction work on:

Renovations to the portions of the Subbasement of Richard's
Wing of Maine Medical Ctr. for Under slab Elec. Backfeed & New Psych
Holding Unit.

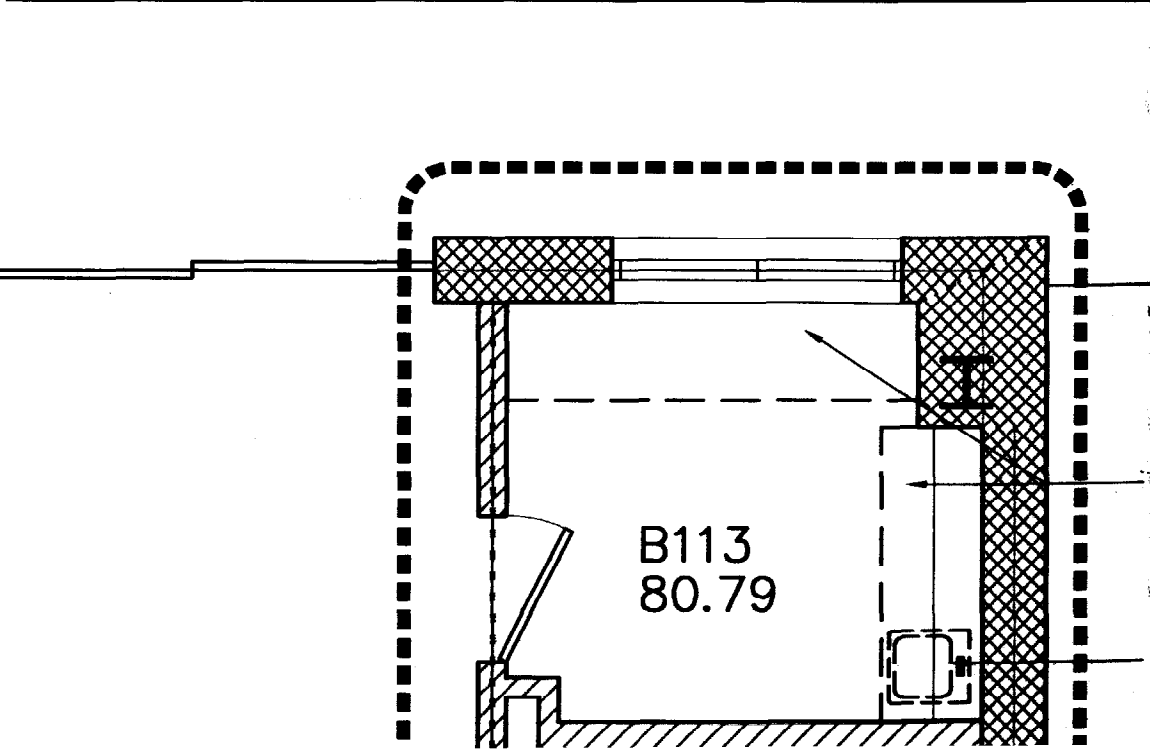
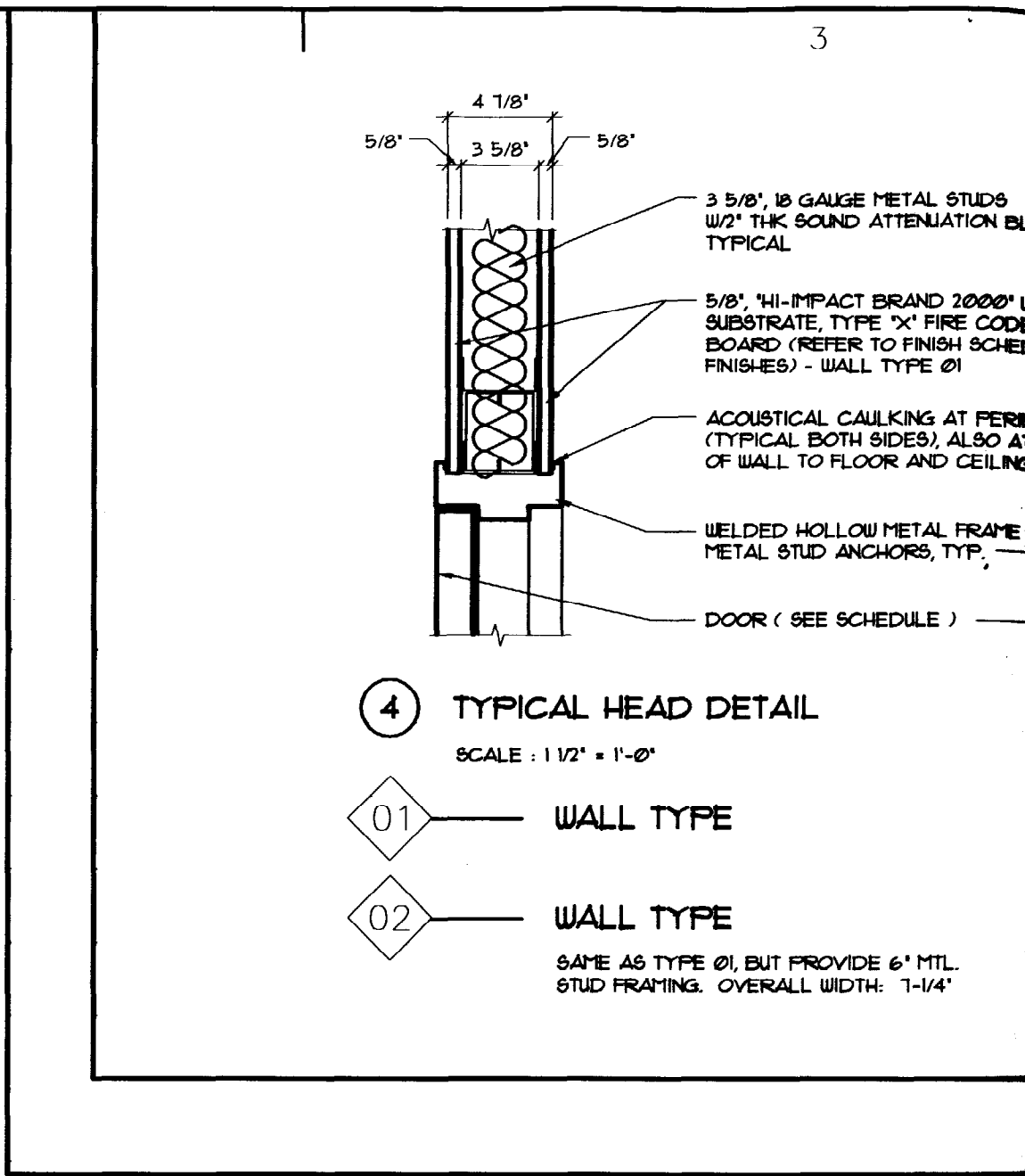
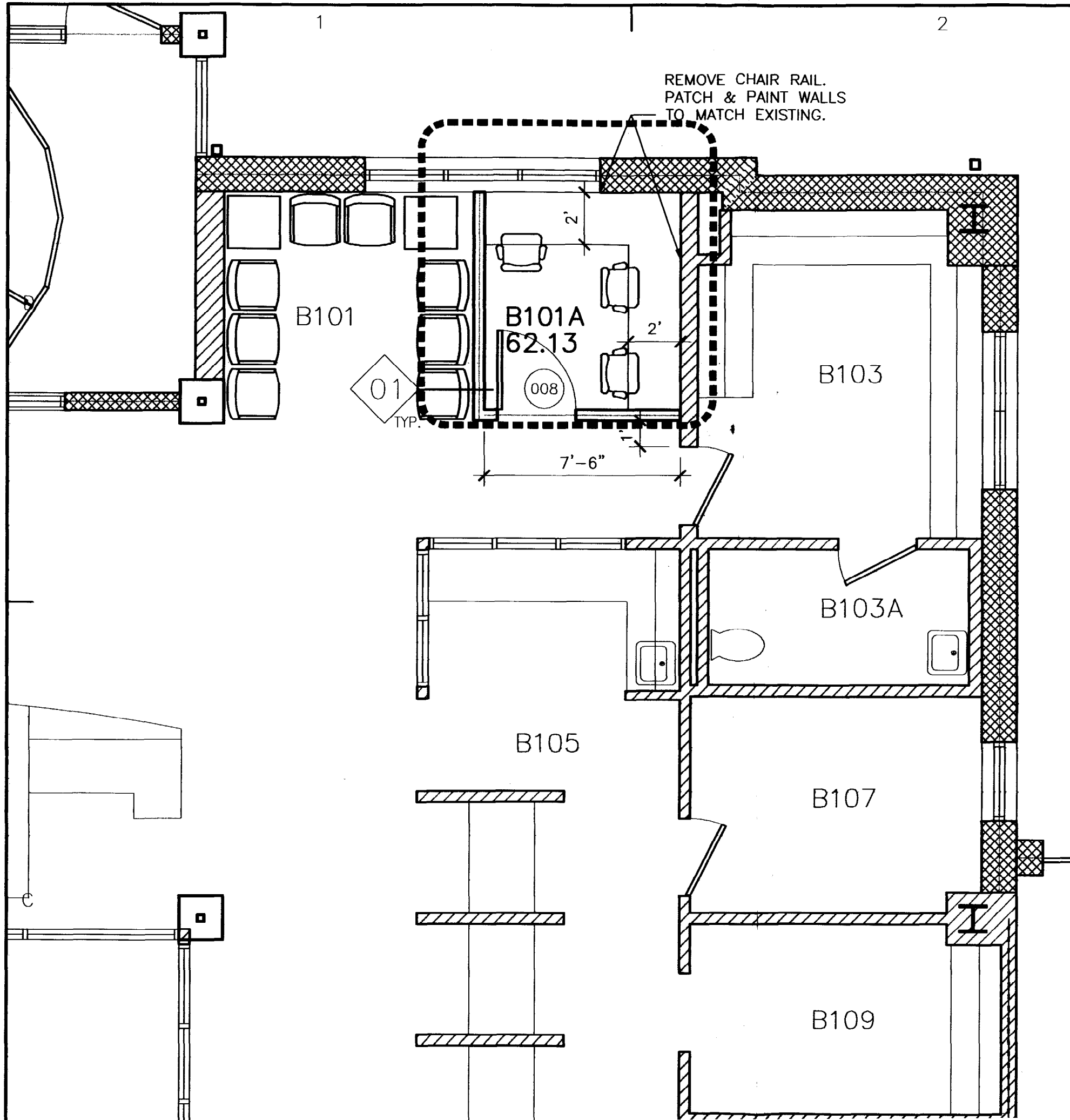
Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1999 Fourteenth Edition, and local amendments.

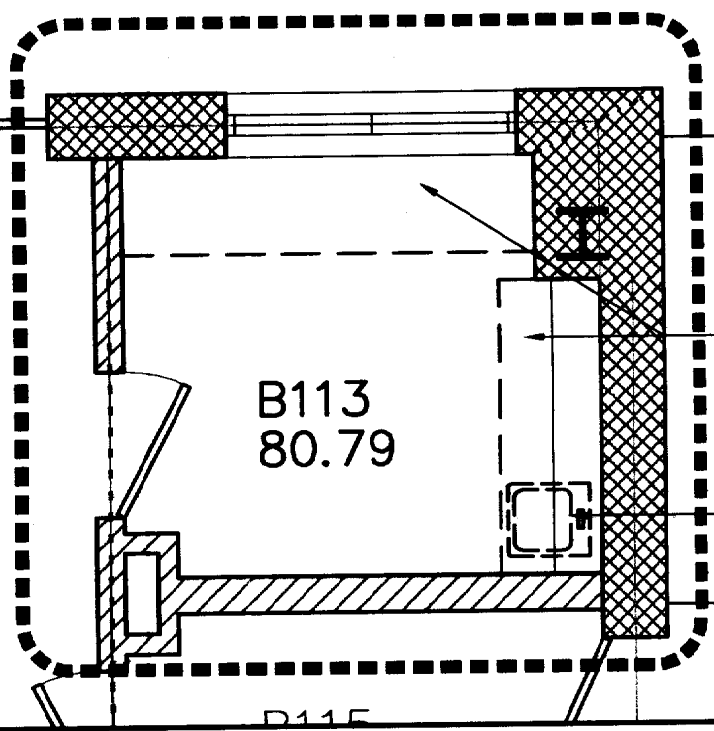


Signature Daniel F. Doughty, AIA
Title Director, Facilities Development
Firm Maine Medical Center
Address 22 Bramhall St, Portland, ME
04102

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.



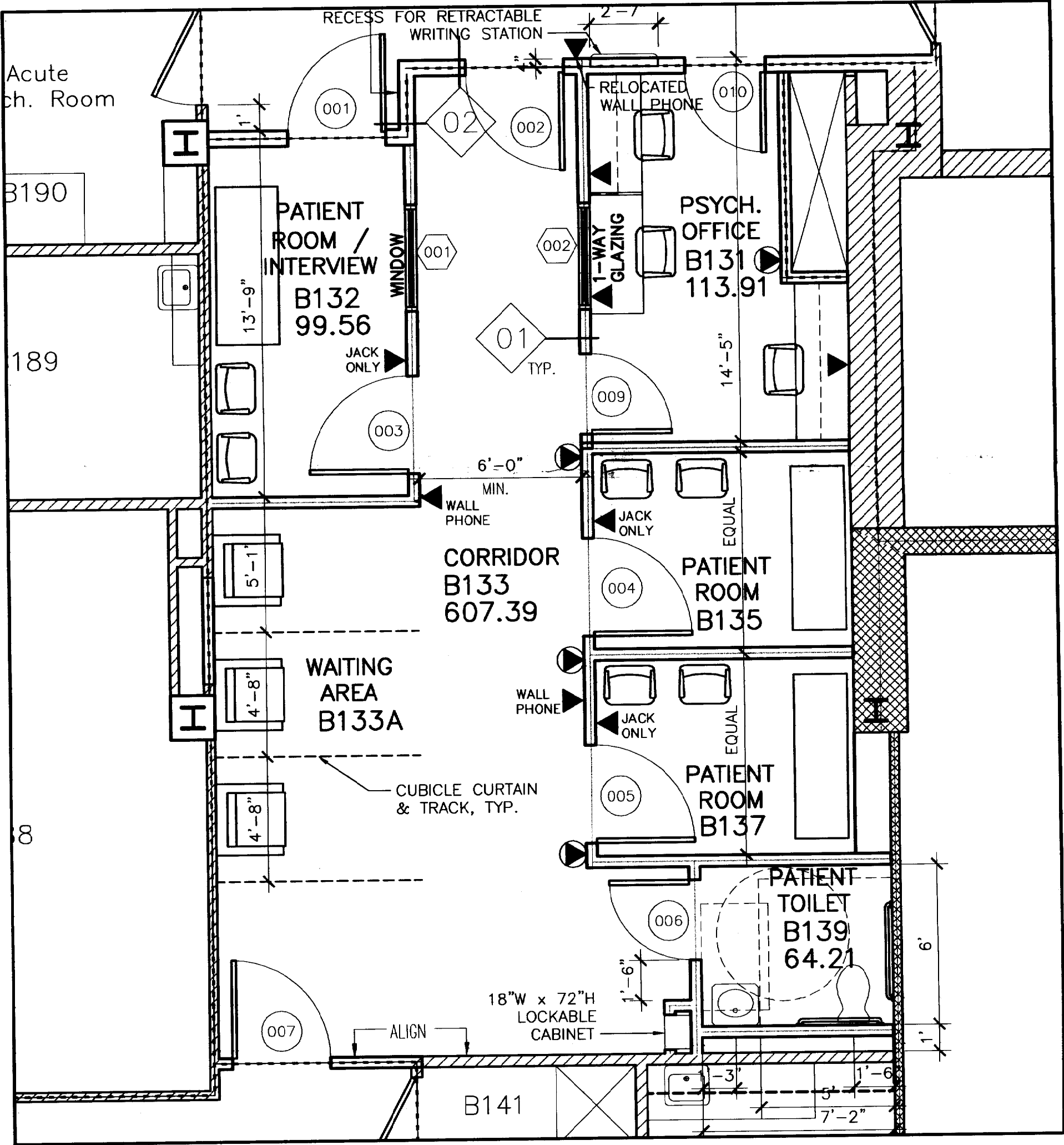


REMOVE COUNTER TOPS COMPLETE. PATCH AND PAINT WALLS TO MATCH EXISTING.

REMOVE SINK AND CAP ALL PLUMBING LINES

B113
80.79

B115



Acute ch. Room

B190

189

PATIENT ROOM / INTERVIEW
B132
99.56

PSYCH. OFFICE
B131
113.91

CORRIDOR
B133
607.39

WAITING AREA
B133A

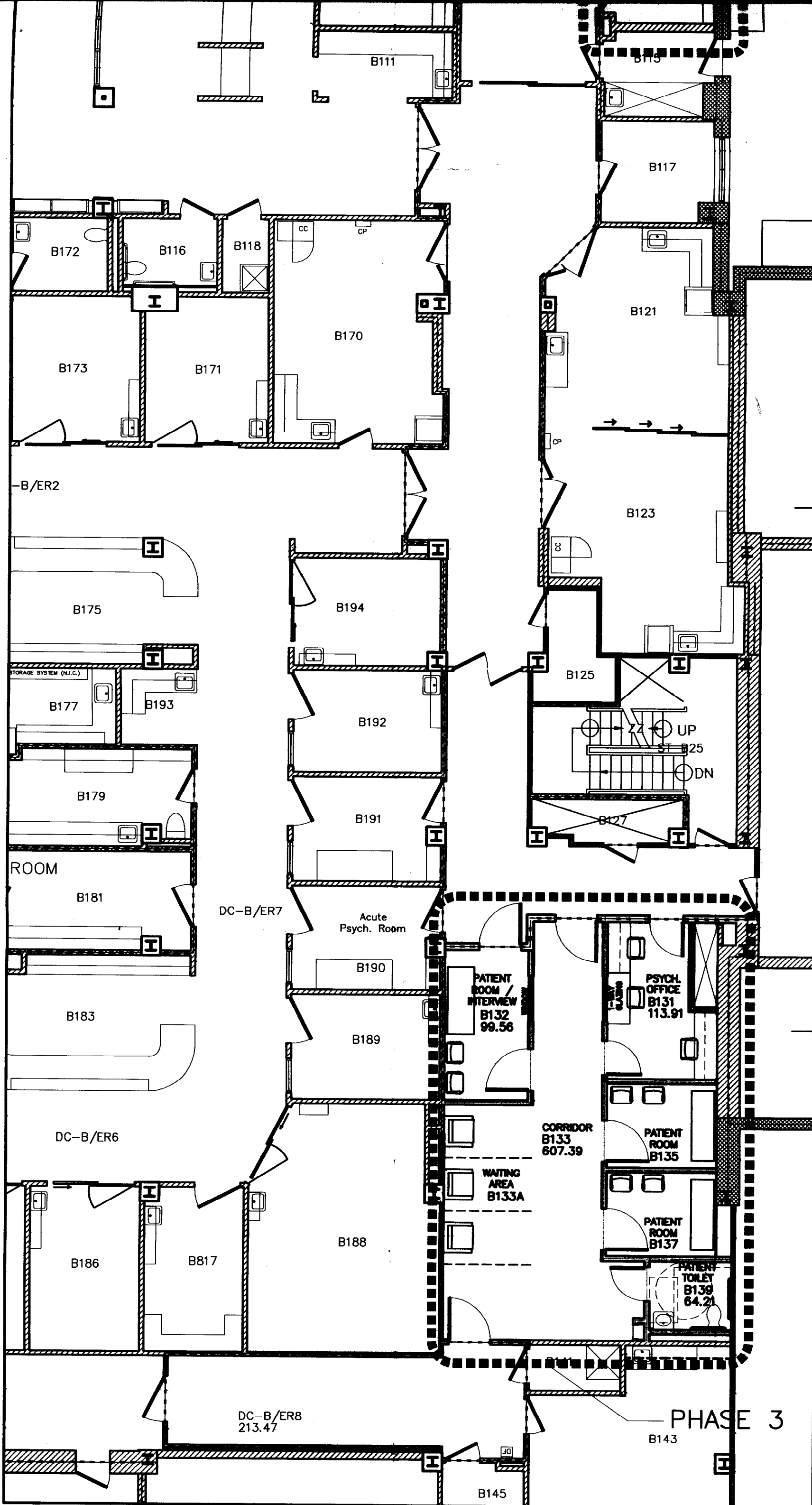
PATIENT ROOM
B135

PATIENT ROOM
B137

PATIENT TOILET
B139
64.21

B141

2 PHASE 3 NEW FLOOR PLAN
1/4" = 1'-0"

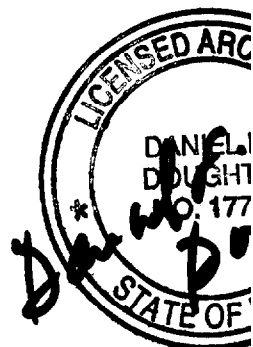


LEGEND

- EXISTING DOOR/WALL
- DOOR / WALL TO BE DEMOLISHED
- NEW DOOR
- NEW WALL
- STAFF PANIC BUTTON

ED Psych Intervent

Bramhall Co
Richards B
Basement L



MARK	DATE	FL
	6-05-03	FL

ISSUE: For Price
PROJECT NO: 23
CAD DWG FILE: -
DRAWN BY: MHF
CHECKED BY: DF

SHEET TITLE
FLOOR F

PHASE 3
B143

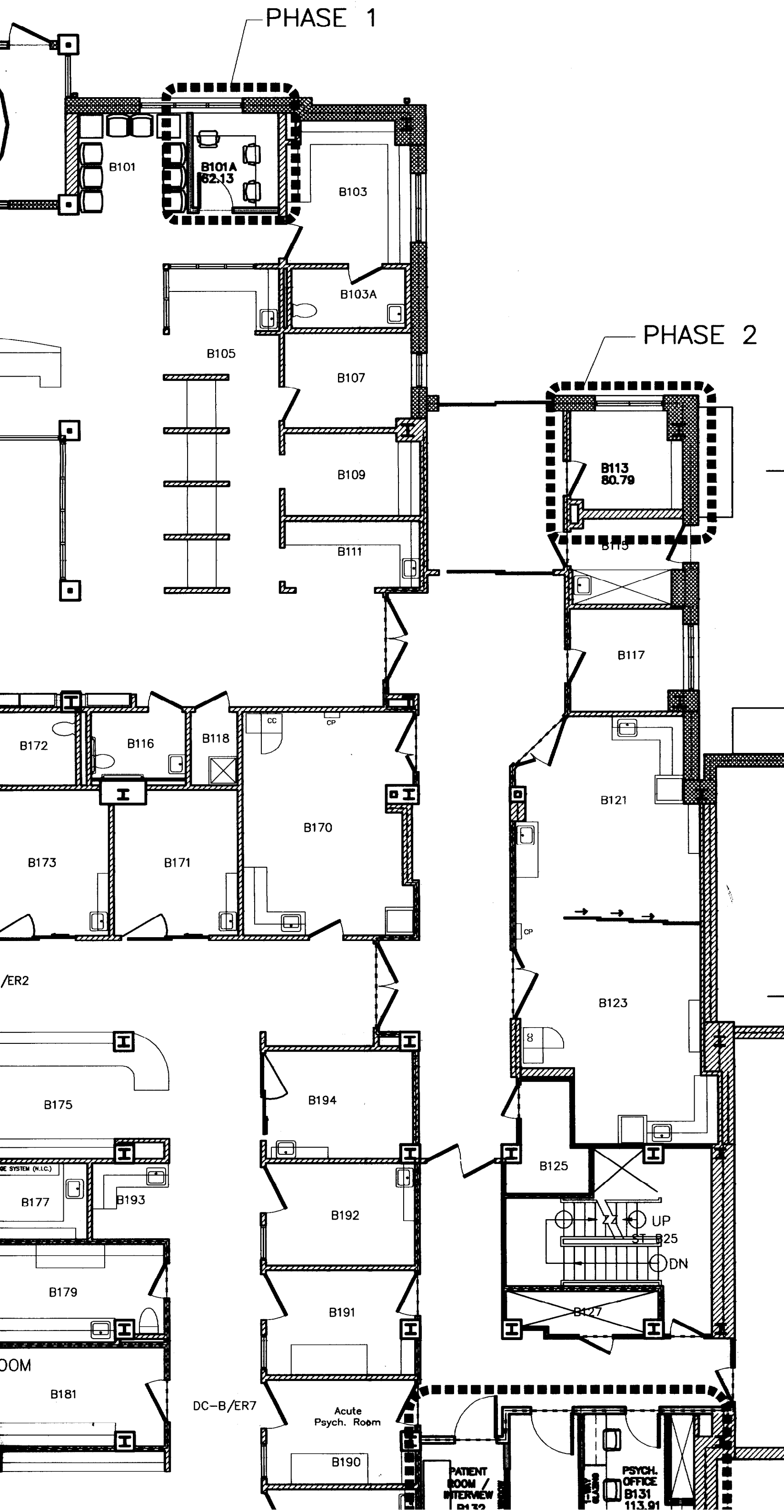
4 OVERALL FLOOR PLAN
1/8" = 1'-0"



Maine Medic

22 Bramhall
Portland, ME. 04

Facilities Deve
207-871-2



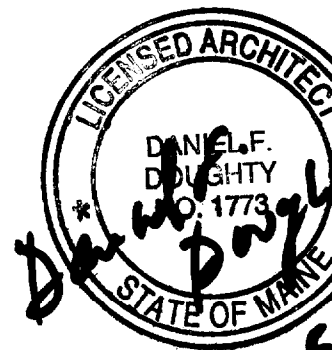
CONSULTANTS

LEGEND

- EXISTING DOOR/WALL
- DOOR / WALL TO BE DEMOLISHED
- NEW DOOR
- NEW WALL
- STAFF PANIC BUTTON

ED Psych
Intervention

Bramhall Camp
Richards Buil
Basement Lev



6-05-03 FLOOR



CITY OF PORTLAND, MAINE

Department of Building Inspections

June 9 2003

Received from

Helm Construction

Location of Work

22 Bramhall

Cost of Construction \$ _____

Permit Fee \$ 1072.00

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

Other _____

CBL: 053D007

Check #: 068697

Total Collected \$ 1072.00

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

May 6