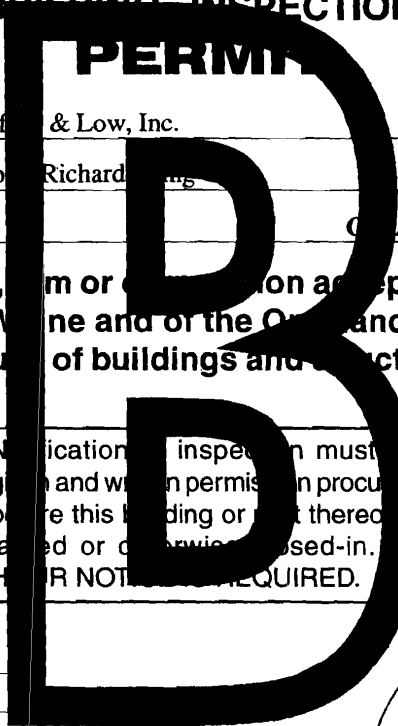


# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

Permit Number: 030822

Please Read Application And Notes, If Any, Attached



### PERMIT

This is to certify that Maine Medical Center/Langfitt & Low, Inc.

has permission to Interior alterations on 6th floor Richard

AT 2 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.

Notification of inspection must be given and work on permit must be procured before this building or part thereof is altered or otherwise used-in. **NO OTHER NOTICES 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]  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

PERMIT STATES

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-0822	Issue Date: AUG 22 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, MAINE	Phone: 871-2447
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R6

Past Use: Hospital	Proposed Use: Hospital w/ interior alterations on 6th floor, Richards wing	Permit Fee: \$246.00	Cost of Work: \$25,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I2 Type: B 8/26/03	

Proposed Project Description: Interior alterations on 6th floor, Richards wing	Signature: <i>(K.M.W.)</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: kwd	Date Applied For: 07/15/2003	<b>Zoning Approval</b>	
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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..	<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"/> Date: <i>7/17/03</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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 separate review</i> Date:
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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

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 03-0822	<b>Date Applied For:</b> 07/15/2003	<b>CBL:</b> 053 D007001
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<b>Location of Construction:</b> 2 Bramhall St	<b>Owner Name:</b> Maine Medical Center	<b>Owner Address:</b> 22 Bramhall St	<b>Phone:</b> ( ) 871-2447
<b>Business Name:</b>	<b>Contractor Name:</b> Langford & Low, Inc.	<b>Contractor Address:</b> PO Box 662 Portland	<b>Phone:</b> (207) 797-5141
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Hospital w/ interior alterations on 6th floor, Richards wing	<b>Proposed Project Description:</b> Interior alterations on 6th floor, Richards wing
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 07/17/2003	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 08/26/2003	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Lt. MacDougal	<b>Approval Date:</b> 07/17/2003	<b>Note:</b>	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

- 1) state fire marshall approval required for this project
- 2) the sprinkler system shall be maintained to NFPA 13 standards
- 3) the fire alarm system shall be maintained to NFPA 72 standards

# 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.

MA **Footing/Building Location Inspection:** Prior to pouring concrete

MA **Re-Bar Schedule Inspection:** Prior to pouring concrete

MA **Foundation Inspection:** Prior to placing ANY backfill

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

WCA **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**

*[Signature]*  
Signature of applicant/designee

*[Signature]*  
Signature of Inspections Official

9/10/03  
Date

9/10/03  
Date

CBL: 0530007 Building Permit #: 03 0822



*State of Maine*  
*Department of Public Safety*  
**Construction Permit**



Reviewed  
for Barrier  
Free

# 13390

Sprinkled  
Sprinkler Supervised

**MAINE MEDICAL CENTER-MRI RENOVATION**

Located at: BRAMHALL STREET

**PORTLAND**

Occupancy/Use: HOSPITAL

**Permission is hereby given to:**

MARSHALL BARRET  
C/O MAINE MEDICAL CENTER  
BRAMHALL STREET  
PORTLAND, ME 04101

to construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved.

No departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provision of Title 25, Chapter 317, Section 2448 and the provisions of Title 5, Section 4594 - F.

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

*This permit will expire at midnight on the 01 th of January 2004*

Dated the 01 th day of July A.D. 2003

Commissioner

**Copy-3 Code Enforcement Officer**

Comments:

Code Enforcement Officer  
PORTLAND, ME

03 0822

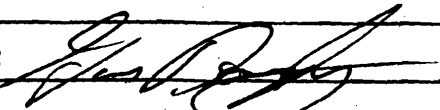
# All Purpose Building Permit Application

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, Portland Me.</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>LANGFORD &amp; LOW 248 WARREN AVE Portland Me 04104</u>	Cost Of Work: \$ <u>25000</u> Fee: \$ <u>246.00</u>
Current use: <u>PATIENT FLOOR</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>This is primarily a cosmetic change.</u>		
Project description: <u>resize one room</u>		
Contractor's name, address & telephone: <u>LANGFORD &amp; LOW, INC. 248 WARREN AVE Portland, Me. 04104</u>		
Who should we contact when the permit is ready: <u>Gas Daughy</u>		
Mailing address: _____ <u>799 5141</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: _____		

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: 	Date: <u>JUL-14-2003</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