

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

BUILDING DEPARTMENT

## PERMIT

Permit Number: 030838

Please Read Application And Notes, If Any, Attached

This is to certify that Maine Medical Center/South Maine, Inc.  
has permission to Replace Existing Handicap Ramp with a concrete ramp  
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 written permission procured before this building or part thereof is leased or occupied. **HEAVY 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. U.M.S.  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

*Alvin R. King* 10/15/03  
Director - Building Inspection Services

**PENALTY FOR REMOVING THIS CARD**

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

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

Permit No: 03-0838	Issue Date:	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: 871-4116
Business Name:	Contractor Name: Southern Maine Site Works, Inc.	Contractor Address: P.O. Box 10249 Portland	Phone 2078282077
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: <b>R6</b>

Past Use: Maine Medical Center/Hospital	Proposed Use: Maine Medical Center/Hospital	Permit Fee: \$201.00	Cost of Work: \$20,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <b>U</b> Type: <b>I</b> <b>RAMP.</b>	

**Proposed Project Description:**  
Replace Existing Handicap Ramp with a Concrete Ramp

Signature: *[Handwritten Signature]*  
Signature: *[Handwritten Signature]*  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
Action:  Approved  Approved w/Conditions  Denied  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: gad	Date Applied For: 07/15/2003	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input checked="" type="checkbox"/> Minor <input type="checkbox"/> M/M <input type="checkbox"/></p> <p>Date: <b>OK 7/17/03</b></p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Handwritten Signature]</i></p>
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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

Permit No: 03-0838	Date Applied For: 07/15/2003	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: ( ) 871-4116
Business Name:	Contractor Name: Southern Maine Site Works, Inc.	Contractor Address: P.O. Box 10249 Portland	Phone: (207) 828-2077
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Center/Hospital	Proposed Project Description: Replace Existing Handicap Ramp with a Concrete Ramp
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Dept: Zoning Note:	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 07/17/2003 Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building Note:	Status: Pending	Reviewer: Mike Nugent	Approval Date: Ok to Issue: <input type="checkbox"/>
Dept: Fire Note:	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 07/21/2003 Ok to Issue: <input checked="" type="checkbox"/>

**Comments:**  
07/23/2003-mjn: Guards must be 42" in height, 36" shown, left message with contractor

PLANS NOT  
COMPLIANT  
FAXED SECTION  
10/16 DE VUE  
CODE  
TO APPLICANTS

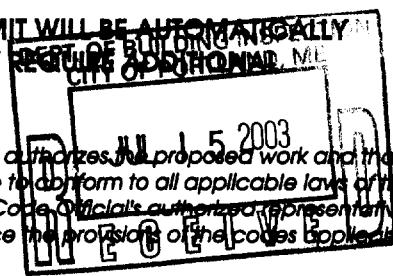
03-0838

# 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: <b>112 BRANHALL ST</b>		
Total Square Footage of Proposed Structure <b>100 SF</b>	Square Footage of Lot <b>492,647 SF</b>	
Tax Assessor's Chart, Block & Lot Chart# <b>053</b> Block# <b>D</b> Lot# <b>607</b>	Owner: <b>MAINE MEDICAL CENTER</b> <b>700-1825</b>	Telephone: <b>871-4116</b>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <b>SOUTHERN MAINE SITEWORK, INC</b> <b>220 RIVERSIDE ST</b> <b>PORTLAND, ME 828-2077</b>	Cost Of Work: <b>\$20,000</b> Fee: <b>\$ 201.00</b>
Current use: <b>HOSPITAL</b>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <b>HOSPITAL</b>		
Project description: <b>REPLACE EXISTING WOOD RAMP w/ CONCRETE RAMP</b>		
Contractor's name, address & telephone: <b>SOUTHERN MAINE SITEWORK, INC</b> <b>220 RIVERSIDE ST PORTLAND, ME 828-2077</b>		
Who should we contact when the permit is ready: <b>RODNEY</b>		
Mailing address: <b>PO BOX 10249 PORTLAND, ME 04104</b>		
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: <b>828-2077.</b>		

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: <b>Rodney Abeyaratne</b>	Date: <b>7/15/03</b>
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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



# Maine Medical Center

September 5, 2003

Mr. Michael Nugent  
City of Portland, Department of Inspections  
389 Congress Street  
Portland, ME 04101

Post-It® Fax Note	7671	Date	10/14	# of pages	1
To	MICHAEL NUGENT	From			
Co./Dept.	CITY OF PORTLAND	Co.	MAINE MED		
Phone #	874-8700	Phone #	871-2447		
Fax #	874-8716	Fax #	871-6195		

Re: MMC Engineering Building Ramp Replacement

Dear Mr. Nugent;

Maine Medical Center is in the process of replacing a wooden ramp at the 22 Bramhall Street location. Maine Medical Center is requesting a variance for the replacement of this structure.

#### Background

The ramp is located at the rear of the Engineering Building. The ramp is constructed of wood and is in need of replacement due to its age and design (the slope of the existing ramp is 1:5.7). The primary purpose of this ramp is to accommodate shipments that cannot utilize the adjacent loading dock. This ramp also serves as one of two means of egress from the building. This ramp was noted by the State Fire Marshall's office as not being in compliance during a routine inspection.

#### Conditions

The exit door is located 35'-2" from the corner of the building and 37'-10" from the roadway. The height of the landing is 2'-9 1/4". A structure that meets the full requirements of the applicable code would be approx. 41'-6" in length. This would extend almost 4' into the roadway thus creating a separate hazardous condition. Due to its location in proximity in relation to the loading dock, the installation of a switchback of sufficient size would render the loading dock unusable. This would create a hardship and impact the operations of the Hospital.

#### Proposal

Maine Medical Center is proposing to construct a ramp as detailed on the drawings provided earlier under a separate cover. The proposed ramp would be constructed with a slope of 1:9.3. The proposed ramp would terminate approx. 5' before the edge of the roadway. Under this proposal the intermediate landing would be eliminated. All other features of the ramp will meet the applicable code.

Please contact me directly at 871-2447 if you have any additional questions or concerns pertaining to this request.

Sincerely,

Roger C. Boyington, P.E.  
Director of Engineering  
Maine Medical Center

Cc: Jeff Sanborn, MMC, Safety Manager  
Rod Boyington, Southern Maine Sitework