

Form # P 04

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

Please Read Application And Notes, If Any, Attached

BUILDING CONSTRUCTION

PERMIT

Permit Number **053 D00700**
PERMIT ISSUED
MAR 15 2004
CITY OF PORTLAND

This is to certify that Maine Medical Center/Langf & Low, has permission to 2nd flr nursery critical care - and one partition wall new ceiling tiles AT 2 Bramhall St 053 D00700

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 when permission is procured before this building or part thereof is laid or closed-in. **48 HOURS 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

[Signature] 3/15/04
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: 04-0242	Issue Date: MAR 15 2004	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
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: R16

Past Use: Hospital	Proposed Use: Hospital / 2nd flr nursery critical care one partition wall, new ceiling tiles	Permit Fee: \$66.00	Cost of Work: \$4,500.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I Type: 2C 3-15-04	

Proposed Project Description: 2nd flr nursery critical care - build one partition wall, new ceiling tiles	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: Idobson	Date Applied For: 03/12/2004	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 checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>21.7.04</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	Historic Preservation <input checked="" 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>[Signature]</i>
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I hereby certify that I am the owner of record and that I have been authorized by the owner to make this application in my jurisdiction. In addition, if a permit for work is issued, I shall have the authority to enter all areas covered by the permit.

I am authorized by the owner of record and that I conform to all applicable laws of this city. I am the code official's authorized representative and I am acting under the provision of the code(s) applicable to this project.

SIGNATURE OF APPLICANT

DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE PHONE

0
2004

DEPARTMENT DIRECTOR
Lee D. Urban



DIVISION DIRECTORS
Mark B. Adelson
Housing & Neighborhood Services

Alexander Q. Jaegerman
Planning

John N. Lufkin
Economic Development

DEPARTMENT OF PLANNING AND DEVELOPMENT

March 17, 2004

Maine Medical Center
Attn: Langford & Low
22 Bramhall Street
Portland, ME 04101

Re: 2nd floor critical care nursery
CBL: 053-D-007

Dear Landford & Low:

This letter verifies that work performed under Building Permit #04-0242 issued by the City of Portland at the above address has been completed. Inspections have been recorded and are in accordance with the applicable code requirements.

Sincerely,

Joline L. Adams
Code Enforcement Officer

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0242	Date Applied For: 03/12/2004	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Hospital / 2nd flr nursery critical care one partition wall, new ceiling tiles	Proposed Project Description: 2nd flr nursery critical care - build one partition wall, new ceiling tiles
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 03/12/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 03/15/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Pending	Reviewer: Lt. MacDougal	Approval Date: 03/15/2004
Note:			Ok to Issue: <input checked="" type="checkbox"/>



Commercial 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 BRANHALL 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> <u>22 Branchhall Street</u> <u>Portland, Me. 04101</u>	Telephone: <u>871-4118</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Lanigan & Low Inc.</u> <u>248 Warren Ave.</u> <u>Portland, Maine 04101</u>	Cost Of Work: \$ <u>4500</u> 95,000 Fee: \$ <u>66.00</u> ^{pd}
Current Specific use: <u>Hospital 2nd floor nursery ^{critical care}</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <u>+100.00</u> late fee <u>out</u> </div>	
Proposed Specific use: <u>Hospital - 2nd floor critical care nursery</u>		
Project description: <u>refurbish critical care nursery -</u> <u>one partition, new ceiling tiles</u> <u>HVAC, elect & plumbing permits being taken out</u> <u>by those contractors.</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Gus Doucette</u>		
Mailing address: <u>248 Warren Ave.</u> <u>Portland, Me. 04104</u>		
		Phone: <u>797-5141</u>

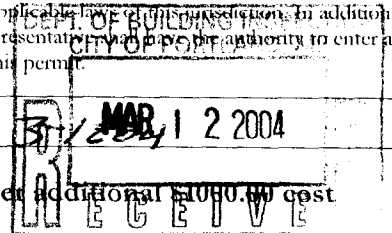
Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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 and regulations. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative will 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>MAR 12 2004</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost



This is not a Permit; you may not commence any work until the Permit is issued.



State of Maine
Department of Public Safety
Construction Permit



**Not
Reviewed
for Barrier
Free**

13826

**Sprinkled
Sprinkler Supervised**

CCN RENOVATION

Located at: 22 BRAMHALL STREET

CUMBERLAND

Occupancy/Use: HOSPITAL

Permission is hereby given to:

MAINE MEDICAL CENTER

22 BRAMHALL STREET

PORTLAND, ME 04102

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 .

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 22 nd of August 2004

Dated the 23rd day of February A.D. 2004

Commissioner

Copy-3 Code Enforcement Officer

Comments:

**Code Enforcement Officer
CUMBERLAND, ME**