

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION

Permit Number: 040296

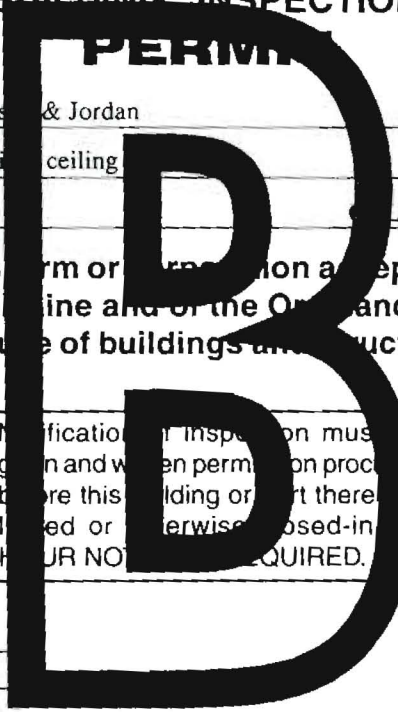
PERMIT

This is to certify that Maine Medical Center/Johnson & Jordan

has permission to Install Trane Air handler unit ceiling

AT 2 Bramhall St Portland, ME 053 D007001

provided that the person or persons who apply for or receive this permit shall comply with all of the provisions of the Statutes of the State 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 procured before this building or part thereof is occupied or otherwise closed-in. 24 HOUR NOTICE 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] 4/08/2004
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: 04-0296 | Issue Date: APR 09 2004 | CBL: 053 D007001 |
|-----------------------|----------------------------|---------------------|

| | | | |
|--|--------------------------------------|---|----------------------|
| Location of Construction: 2 Bramhall St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: |
| Business Name: | Contractor Name: Johnson & Jordan | Contractor Address: 18 Mussey Road Scarborough | Phone: 2078838345 |
| Lessee/Buyer's Name | Phone: | Permit Type: HVAC | Zone: R10 |

| | | | | |
|-----------------------|--|---|--|--------------------|
| Past Use: Hospital | Proposed Use: Hospital 2nd flr nursery/ Install Trane Air handler unit in ceiling | Permit Fee: \$201.00 | Cost of Work: \$19,798.00 | CEO District: 2 |
| | | FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: 12 Type: B 4/8/04 | |

| | | |
|--|-------------------------------|-------------------------------|
| Proposed Project Description: Install Trane Air handler unit in ceiling | 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: 03/24/2004 | Zoning Approval |
|-----------------------------|---------------------------------|------------------------|

| | | | |
|---|---|---|---|
| <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>Special Zone or Reviews</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 type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: <i>ok 3/25/04</i></p> | <p>Zoning Appeal</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>Historic Preservation</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>9</i></p> |
|---|---|---|---|

EXPIRED

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 |

03/06/09 Expired permit. No one showed for a
funerary.

City of Portland, Maine - Building or Use Permit

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| Permit No: 04-0296 | Date Applied For: 03/24/2004 | 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: Johnson & Jordan | Contractor Address: 18 Mussey Road Scarborough | Phone (207) 883-8345 |
| Lessee/Buyer's Name | Phone: | Permit Type: HVAC | |

| | |
|---|---|
| Proposed Use: Hospital 2nd flr nursery/ Install Trane Air handler unit in ceiling | Proposed Project Description: Install Trane Air handler unit in ceiling |
|---|---|

| | | | | |
|-----------------------|-------------------------|----------------------------------|----------------------------------|---|
| Dept: Zoning | Status: Approved | Reviewer: Marge Schmuckal | Approval Date: 03/25/2004 | Ok to Issue: <input checked="" type="checkbox"/> |
| Note: | | | | |
| Dept: Building | Status: Approved | Reviewer: Mike Nugent | Approval Date: 04/08/2004 | Ok to Issue: <input checked="" type="checkbox"/> |
| Note: | | | | |
| Dept: Fire | Status: Approved | Reviewer: Lt. MacDougal | Approval Date: 04/06/2004 | Ok to Issue: <input checked="" type="checkbox"/> |
| Note: | | | | |

VIBRATION MOUNTINGS AND CONTROLS

BY

MECHANICAL CONTROL SYSTEMS

1501 MAIN STREET #29

TEWKSBURY, MA 01876

(978) 640-9994

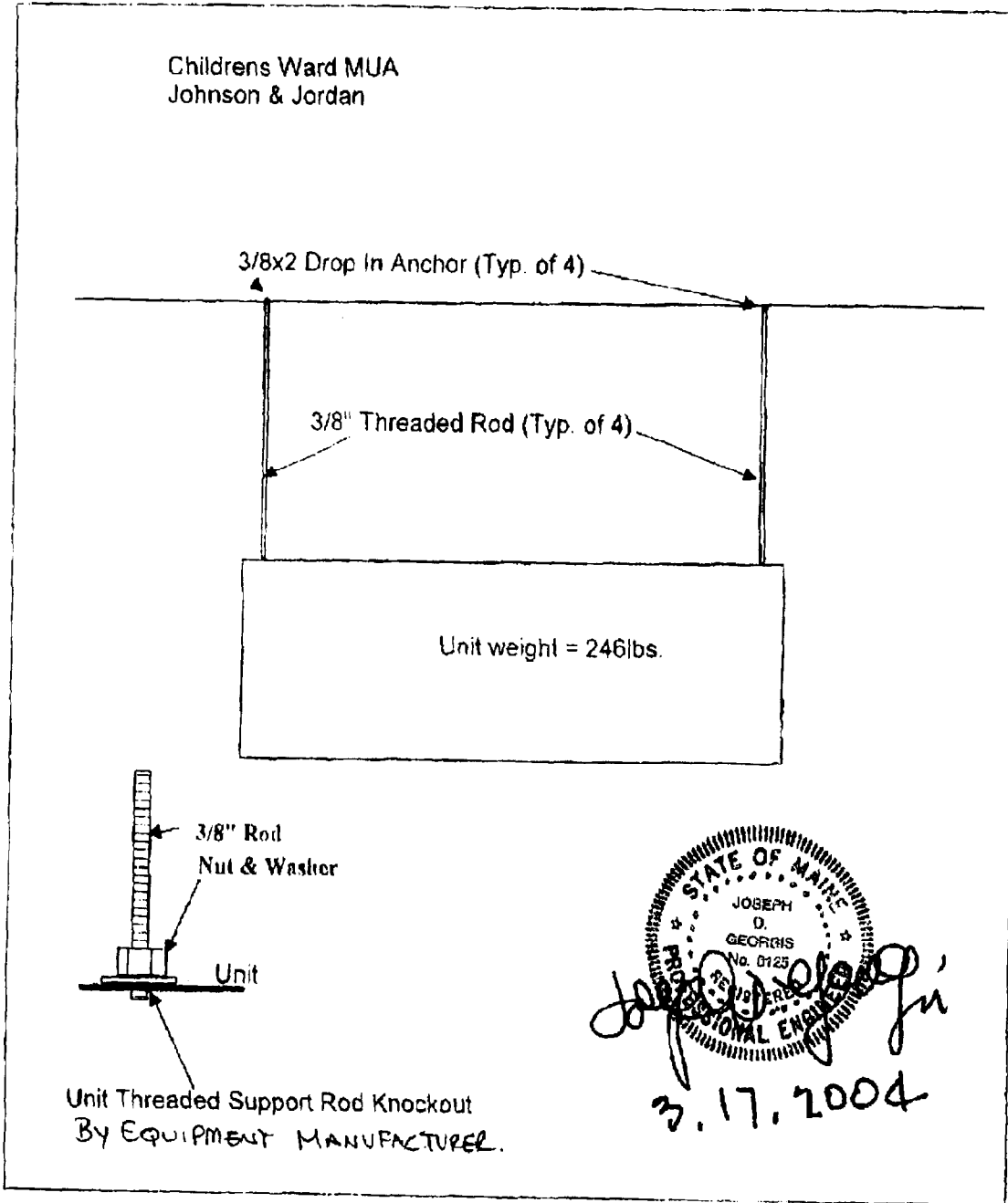
SEISMIC ANALYSIS REPORT

| | | | |
|-------------------|---------------------|-----------------------|------------------|
| PROJECT: | Children's Ward MUA | CONTRACTOR: | Johnson & Jordan |
| ARCHITECT: | | PO: | |
| ENGINEER: | | SPEC. SECTION: | HVAC |
| | | SUBMITTAL BY: | Paul Crowley |

| SUBMITTAL | DATE | DESCRIPTION |
|-----------|----------|-----------------------------|
| 1st | 03/22/04 | Support of MUA and Ductwork |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

Mechanical Control Systems
Tewksbury, MA 01876
(978) 640-9994

MUA Support Detail



Mechanical Control Systems
 1501 Main Street #29
 Tewksbury MA 01876
 (978) 640-9994 Phone
 (978) 640-9996 Fax

PROJECT: CHILDRENS WARD MVA
 CONTRACTOR: JOHNSON & JOEDAN
 PO NUMBER: _____
 JOB NUMBER: _____

**VIBRATION MOUNTINGS AND
 CONTROLS**

**RSH 30A
 SPRING & NEOPRENE
 HANGERS**

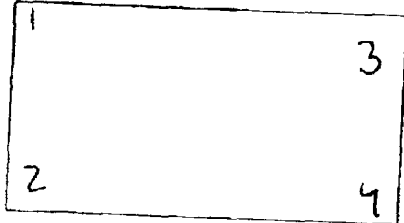
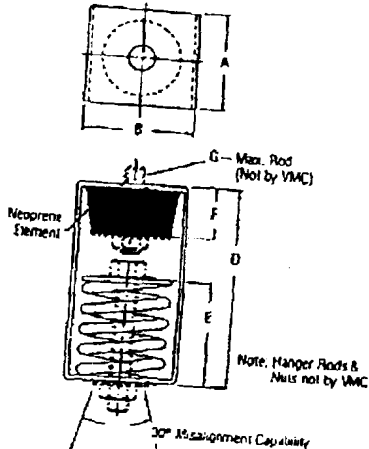
Dimensions: in.

| TYPE & SIZE | A | B | D | E | F | G |
|--------------------|--------|--------|---------|--------|--------|------|
| RSH-30A-6 thru 10 | 2 1/4" | 2 3/4" | 5 1/2" | 2 1/4" | 1 3/4" | 1/4" |
| RSH-30A-11 thru 16 | 3" | 3 1/2" | 7" | 3" | 1 1/2" | 1/4" |
| RSH-30A-32 thru 39 | 4 1/2" | 5" | 10 3/4" | 4 1/2" | 2 1/2" | 3/4" |

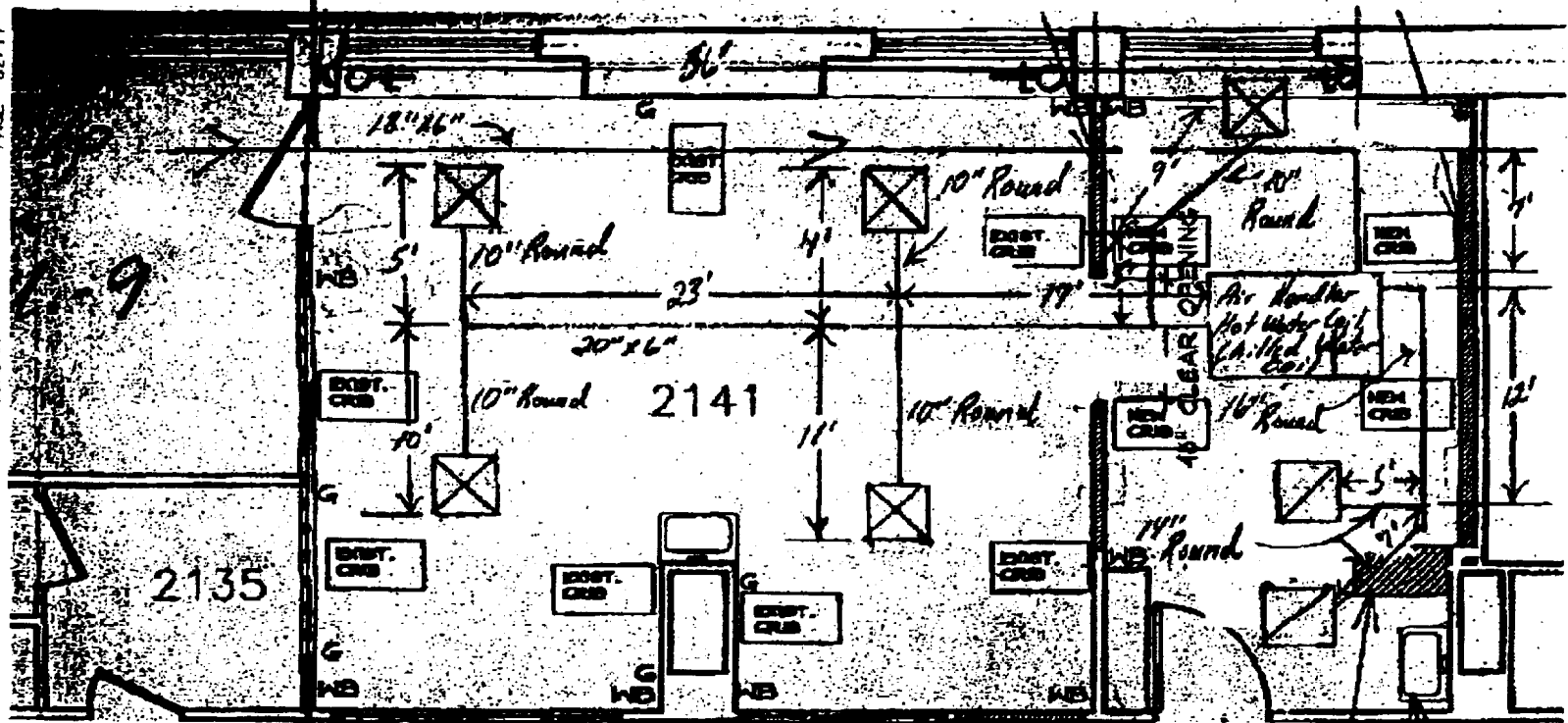
| TAG: <u>MUA - 1</u> | WEIGHT: <u>246 lbs</u> |
|-----------------------|------------------------|
| MFR: <u>TRANE</u> | DEFL: <u>1.0"</u> |
| MODEL: <u>BCHC07A</u> | QTY: <u>1</u> |
| ISOLATOR LOCATIONS | |
| 1 <u>RSH-30A-9</u> | 7 |
| 2 | 8 |
| 3 | 9 |
| 4 | 10 |
| 5 | 11 |
| 6 | 12 |

| TYPE & SIZE | DEFLECTION | MAX. LOAD | SPRING CONST. | SPRING COLOR |
|-------------|------------|-----------|---------------|--------------|
| | in. | lbs. | lbs/in. | |
| RSH-30A-6 | 1.3 | 21 | 16 | BLUE |
| RSH-30A-7 | 1.3 | 39 | 30 | BLACK |
| RSH-30A-8 | 1.1 | 50 | 46 | RED |
| RSH-30A-9 | 1.0 | 80 | 80 | GREEN |
| RSH-30A-10 | 1.0 | 185 | 105 | GRAY |
| RSH-30A-11 | 1.5 | 60 | 46 | BLUE |
| RSH-30A-12 | 1.5 | 100 | 78 | ORANGE |
| RSH-30A-13 | 1.5 | 165 | 133 | BROWN |
| RSH-30A-14 | 1.2 | 260 | 263 | BLACK |
| RSH-30A-16 | 1.0 | 370 | 493 | YELLOW |
| RSH-30A-32 | 1.5 | 125 | 96 | BROWN |
| RSH-30A-33 | 1.5 | 275 | 173 | ORANGE |
| RSH-30A-34 | 1.4 | 325 | 270 | GREEN |
| RSH-30A-35 | 1.4 | 450 | 368 | RED |
| RSH-30A-36 | 1.4 | 620 | 513 | BLACK |
| RSH-30A-37 | 1.3 | 750 | 707 | WHITE |
| RSH-30A-38 | 1.2 | 920 | 881 | GRAY |
| RSH-30A-39 | 1.1 | 1100 | 1200 | BLUE |

DRAWING: _____



DATE: 3-17-04



There is a two inch space from the top of the ductwork to the bottom of the concrete deck which it is hung from.
 40" x 6" = 22 gauge (Gal.) 20" x 6" = 24 gauge (Gal.)
 Round Duct = 24 gauge (Gal.) Duct hanger = 1" wide Strap (16 gauge)
 Air Handler is hung with 3/8" x 2" Drop-In Anchors with 3/8" Threaded Rod in the four corners pre-made in unit from factory. Concrete Deck = 5" thick - (2 Layers 3/4" Rebar)



CITY OF PORTLAND, MAINE

Department of Building Inspections

3-23 20 04

Received from

Johnson - Jordan

Location of Work

18 Mussey Rd.

Cost of Construction

\$ _____

Permit Fee

\$ 201⁰⁰/₁₀₀

Building (I1)

Plumbing (I5)

Electrical (I2)

Site Plan (U2)

Other

HVAC

CBL:

052D7

Check #:

Cash

Total Collected s

201⁰⁰/₁₀₀

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.

8/10

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy