

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 040299

Please Read Application And Notes, If Any, Attached

This is to certify that Maine Medical Center/Hebert Construction LLC

has permission to Demo of decking etc. Phase 1 of permit holding for more info.

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.

Modification of inspection must be given and when permission procured before this building or part thereof is letted 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. PREVIOUSLY APPROVED
Health Dept. ON 2/04/03
Appeal Board _____
Other _____
Department Name _____

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

EXPIRED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0299	Issue Date: MAR 25 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: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	Zone:

Past Use: Dana Center Rooftop Courtyard	Proposed Use: Same	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
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Proposed Project Description:
Demo of decking etc. Phase one of permit 040163, holding for more info.

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>PREVIOUSLY APPROVED ON 040163</i>	INSPECTION: Use Group: <i>Demolition</i> Signature: <i>[Signature]</i> Date: <i>3/24/04</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: mjn	Date Applied For: 03/24/2004	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: _____	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 Date: _____
	<i>PREVIOUSLY APPROVED ON 040163</i>		

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. No one called for
A former insp.

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-0299	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: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions	

Proposed Use: Same	Proposed Project Description: Demo of decking etc. Phase one of permit 040163, holding for more info.
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 03/24/2004

Note: **Ok to Issue:**

1) Previously approved under permit# 040163, all previous conditions apply

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 03/24/2004

Note: **Ok to Issue:**

1) Demo only

Comments:

3/24/2004-mjn: Separated the demo out to allow them to remove the roof structures and then adequately evaluate the roof etc.

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.

_____ **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

TRH _____ **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**

Kenneth R. Nelson

Signature of Applicant/Designee

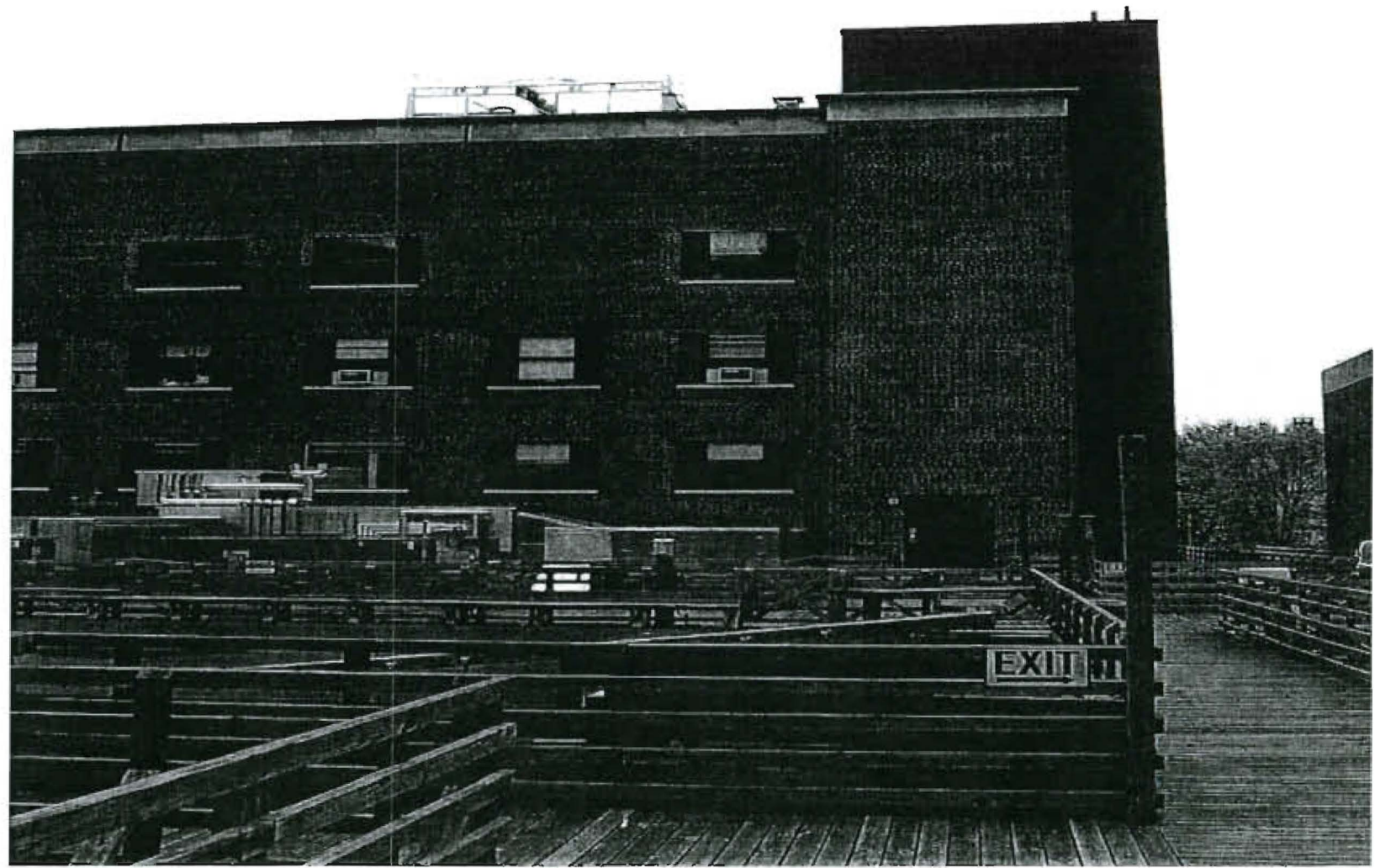
3-29-04

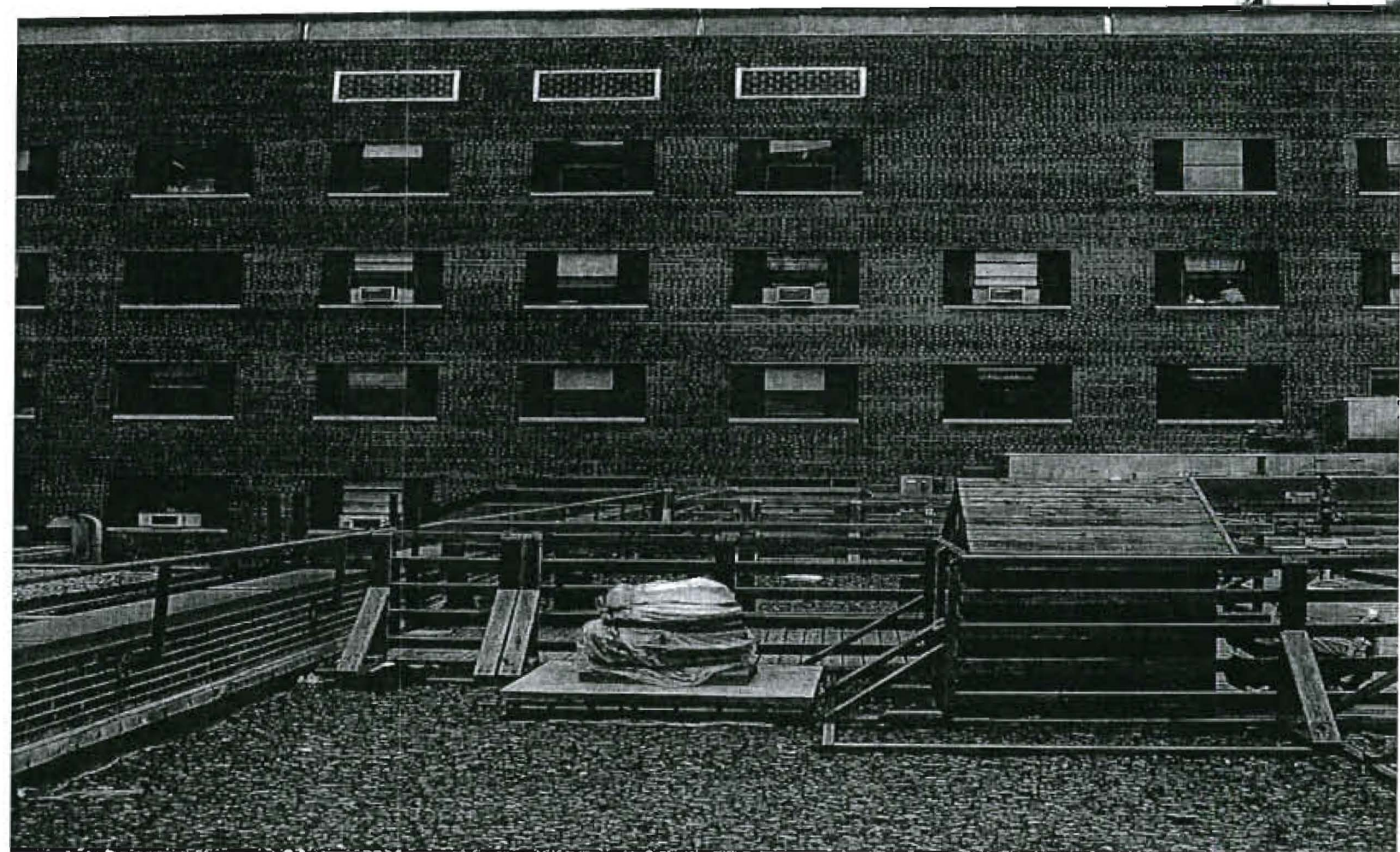
Date

Signature of Inspections Official

Date

CBL: *0532007* Building Permit #: *04 0099*







CITY OF PORTLAND, MAINE
Department of Building Inspections

3-15 2007

Received from Langford & Low

Location of Work 22 Bramhall NE West

Cost of Construction \$ _____

Permit Fee Fine \$ 100⁰⁰/00 Permit fine
second time Nursery

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 053D 007 Permit # 040242

Check #: 23796 Total Collected \$ 100⁰⁰/00

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