

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 040327

This is to certify that Maine Medical Center/Langf... & Low...

has permission to Add 2 additional walls for sto... c R-4 Res...

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 when permission is procured before this building or part thereof is altered or closed-in. 24 HOUR 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] 4/9/04
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: 04-0327	Issue Date:	CBL: 053 D007001
-----------------------	-------------	---------------------

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: R6

Past Use: Hospital	Proposed Use: Hospital / Add 2 additional walls for storage R-4 Richards Wing	Permit Fee: \$57.00	Cost of Work: \$4,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 12 Type: 20	

Proposed Project Description: Add 2 additional walls for storage R-4 Richards Wing	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 4/9/04
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: ldobson	Date Applied For: 03/30/2004	Zoning Approval
-----------------------------	---------------------------------	------------------------

<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 type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>[Signature]</i> 4/1/04	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 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>
---	---	---	---

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

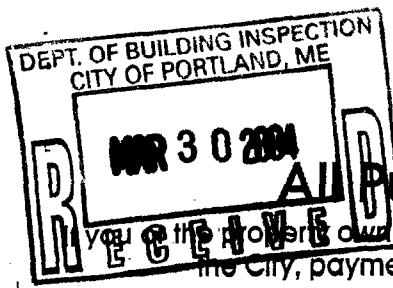
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0327	Date Applied For: 03/30/2004	CBL: 053 D007001
------------------------------	--	----------------------------

Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
Business Name:	Contractor Name: 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 / Add 2 additional walls for storage R-4 Richards Wing	Proposed Project Description: Add 2 additional walls for storage R-4 Richards Wing
---	--

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 04/01/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 04/09/2004	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:				



All Purpose Building Permit Application

If you are the property owner or 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 ST.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>053 D 7</u>	Owner: <u>MAINE MEDICAL CENTER</u> <u>22 BRAMHALL ST</u> <u>PORTLAND, ME. 04101</u>	Telephone: <u>(207) 874-2447</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>LANGFORD & LOW INC.</u> <u>P.O. BOX 662, 248 WARREN AVE.</u> <u>PORTLAND ME, 04104</u> <u>(207) 797-5141</u>	Cost Of Work: \$ <u>4,000.00</u> Fee: \$
Current use: <u>Maine Med 34 Richards wing.</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>ADD TWO ADDITIONAL WALLS FOR STORAGE</u>		
Project description:		
Contractor's name, address & telephone: <u>LANGFORD & LOW INC. PO BOX 662, 248 WARREN AVE</u> <u>PORTLAND ME, 04104</u> <u>797-5141</u>		
Who should we contact when the permit is ready: <u>GUS DOUGHTY</u>		
Mailing address: <u>PO BOX 662</u> <u>248 WARREN AVE</u> <u>PORTLAND ME 04104</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: <u>(207) 797-5141</u>		

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: [Signature] Date: 3/30/04

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