

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0568	PERMIT ISSUED Issue Date: MAY 18 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: Alterations - Commercial	Zone: R6

Past Use: Maine Medical Center	Proposed Use: Maine Medical Center w/alterations to Special Care Unit 2 and3 on 1st floor of Bean Bldg.	Permit Fee: \$345.00	Cost of Work: \$35,875.00	CEO District: 2
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Proposed Project Description: Alterations to Special Care Unit 2 and3 on 1st floor of Bean Bldg.	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group. I-2 Type: 1B 5/18/04
	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 0510512004	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 type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>5/14/04</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 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: _____
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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: 04-0567	Date Applied For: 05/05/2004	CBL: 054 D003001
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Location of Construction: 52 Bramhall St	Owner Name: Simonds Gordon D Trustee	Owner Address: 104 West St	Phone: 207-450-0660
Business Name:	Contractor Name:	Contractor Address:	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

3 family condominium dwelling units w/fully enclosed stairway, updated existing fire doors	fully enclose stairway, update existing fire doors
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 05/14/2004

Note: Ok to Issue:

- 1) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 2) This property shall remain a three family condominium dwelling. Any change of use shall require a separate permit application for review and approval.

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 05/18/2004

Note: Ok to Issue:

Dept: Fire **Status:** Approved **Reviewer:** Lt. MacDougal **Approval Date:** 05/18/2004

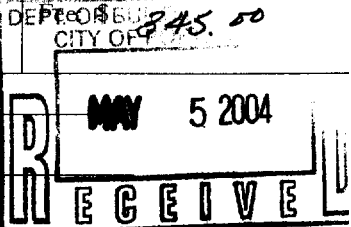
Note: Ok to Issue:



04-0568

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.

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 053 D009		Owner: <u>Maine Medical Center</u> <u>287 Bramhall St</u> <u>Portland, ME 04101</u>	
Lessee/Buyer's Name (If Applicable)		Telephone: <u>207-871-3393</u>	
Applicant name, address & telephone: <u>Hebert Construction</u> <u>9 Gould Road</u> <u>Lewiston, ME 04240</u> <u>207-783-2091</u>		cost Of Work: <u>\$35,875</u>	
Current Specific use: <u>Special Care Unit Med Rooms</u>			
Proposed Specific use: <u>Special Care Unit Med Rooms</u>			
Project description: <u>Installing new casework and removing a small portion of wall. Remove existing ice machines, sinks and H2O dispensers and install new and relocate some.</u>			
Contractor's name, address & telephone: <u>Hebert Construction, 9 Gould Rd Lewiston, ME</u> <u>207-783-2091</u>			
Who should we contact when the permit is ready: <u>Timothy Hebert</u>			
Mailing address: <u>9 Gould Road</u> <u>Lewiston, ME 04240</u>			
Phone: <u>207-783-2091</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 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: Timothy R. Hebert Date: 4-26-04

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.

Project Manager

ed (Will Rogor) 871-3393

forward in of by e-mail. 66

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BUILDING CONSTRUCTION

PERMIT

Permit Number: 040568

Please Read Application And Notes, If Any, Attached

This is to certify that Maine Medical Center/Hebert Construction LLC
has permission to Alterations to Special Care Unit 2 and 3 1st floor of Bean Bldg
AT 2 Bramhall St 04103 053 D007001

PERMIT ISSUED
MAY 18 2004
CITY OF PORTLAND

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 altered or closed-in.
HEAR 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] 5/18/04
Director - Building & Construction Services

PENALTY FOR REMOVING THIS CARD