

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Please Read
Application And
Notes, If Any,
Attached

Permit Number: 040729

PERMIT ISSUED
JUL 16 2004
CITY OF PORTLAND

This is to certify that Maine Medical Center/Langfellow & Low, Inc.

has permission to Tenant fit-up floors R3 and R4

AT 2 Bramhall St

City of Portland 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 written permission procured before this building or part thereof is leased or otherwise used-in. HOWEVER NOT NECESSARY FOR THIS PERMIT.

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]
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: 04-0729	Issue Date: JUL 1 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: 8716149
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: R-6

Past Use: Patient Rooms	Proposed Use: Tenant fit-up floors R3 and R4	Permit Fee: \$6,513.00	Cost of Work: \$719,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 1 7/15/04	

Proposed Project Description: Tenant fit-up floors R3 and R4	Signature: <i>[Handwritten Signature]</i>	Signature: <i>[Handwritten 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: jodinea	Date Applied For: 06/03/2004	Zoning Approval	
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<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> <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>[Handwritten Date]</i>	<p>Zoning Appeal</p> <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:	<p>Historic Preservation</p> <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>[Handwritten Date]</i>
	<p><i>[Handwritten Note: Any other work requires a separate permit]</i></p>		

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: 04-0729	Date Applied For: 06/03/2004	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: () 871-6149
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: Tenant fit-up floors R3 and R4	Proposed Project Description: Tenant fit-up floors R3 and R4
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 06/08/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Pending	Reviewer: Mike Nugent	Approval Date: 07/15/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Fire	Status: Approved with Conditions	Reviewer: Lt. MacDougal	Approval Date: 06/08/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) the fire alarm system and sprinkler system shall be tested to the appropriate standard and the results shall be submitted to the Portland Fire Department				
2) per fire marshall - fire watch shall be maintained in construction area while the fire alarm is shutdown				
3) the fire alarm system shall be installed in accordance with NFPA 72 standards				
4) the sprinkler system shall be installed in accordance with NFPA 13 standards				
5) Application requires State Fire Marshal approval.				


All Purpose 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 Bramhall St.</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>		Owner: <u>Marie Medical Center</u> <u>22 Bramhall St.</u> Telephone: <u>871-6149</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Langford & Low</u> <u>248 Warren Ave.</u> <u>Portland, Me 04104</u>	Cost Of Work: \$ <u>411,000</u> Fee: \$ _____
Current use: <u>Patient Rooms</u> If the location is currently vacant, what was prior use: _____ Approximately how long has it been vacant: _____ Proposed use: <u>Intermediate Care (Patient Rms) (P-3)</u>		
Project description: _____		
Contractor's name, address & telephone: <u>Langford & Low, 248 Warren Ave.</u>		
Who should we contact when the permit is ready: <u>645 Dughey</u>		
Mailing address: <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: _____		

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: 	Date: <u>6-3-04</u>
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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

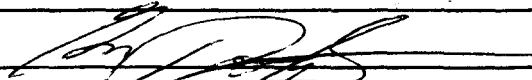
All Purpose Building Permit Application

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 ST.</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>53</u> <u>D</u> <u>7</u>	Owner: <u>Maine Medical Center</u> <u>22 Branhall St.</u>	Telephone: <u>871-6149</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Langford & Low</u> <u>248 Warren Ave.</u> <u>Portland, Me. 04104</u> <u>797-5141</u>	Cost Of Work: \$ <u>308,000</u> Fee: \$
Current use: <u>Patient Rooms</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Intermediate Care (Patient Room) (R-4)</u> Project description:		
Contractor's name, address & telephone: <u>Langford & Low, 248 Warren Ave.</u>		
Who should we contact when the permit is ready: <u>645 Doughty</u>		
Mailing address: <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>797-5141</u>		

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Signature of applicant: 	Date: <u>6-3-04.</u>
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