

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/Langf & Low, Inc.
has permission to Tenant fit-up floors R3 and R
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 written permission procured before this building or part thereof is altered or otherwise used-in. **NO OTHER NOTICES 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]
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:	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 <i>[Signature]</i>	

Proposed Project Description: Tenant fit-up floors R3 and R4	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: jodinea	Date Applied For: 06/03/2004	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>[Signature]</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 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>
	<i>[Handwritten note: work required A self-inspected]</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

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 7/19/04
 Permit # 2004-4871
 CBL# 53 D7

LOCATION: 22 Bramhall St. Richards 7th floor METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Maine Medical Center
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	90	Receptacles	2	Switches	18	Smoke Detector	110	.20	22.00
FIXTURES		Incandescent	157	Fluorescent		Strips	157	.20	31.40
SERVICES		Overhead		Underground		TTL AMPS <800		15.00	
		Overhead		Underground		>800		25.00	
Temporary Service		Overhead		Underground		TTL AMPS		25.00	
								25.00	
METERS		(number of)						1.00	
MOTORS		(number of)						2.00	
RESID/COM		Electric units						1.00	
HEATING		oil/gas units		Interior		Exterior		5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00	
		Insta-Hot		Water heaters		Fans		2.00	
		Dryers		Disposals		Dishwasher		2.00	
		Compactors		Spa		Washing Machine		2.00	
		Others (denote)						2.00	
MISC. (number of)		Air Cond/win						3.00	
		Air Cond/cent				Pools		10.00	
		HVAC		EMS		Thermostat		5.00	
		Signs						10.00	
		Alarms/res						5.00	
		Alarms/com						15.00	
		Heavy Duty(CRKT)						2.00	
		Circus/Carnv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
	1	E Lights					1	1.00	1.00
		E Generators						20.00	
PANELS		Service		Remote		Main		4.00	
TRANSFORMER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva						10.00	
							TOTAL AMOUNT DUE		54.40
							MINIMUM FEE/COMMERCIAL	45.00	
							MINIMUM FEE	35.00	

CONTRACTORS NAME E.S. Boules Co. MASTER LIC. # MC 60016185
 ADDRESS 45 Bradley Dr. Westbrook, ME 04092 LIMITED LIC. # _____
 TELEPHONE 207 464 3706

SIGNATURE OF CONTRACTOR [Signature]
 White Copy Office • Yellow Copy - Applicant

[Handwritten initials]

ELECTRICAL PERMIT

City of Portland, Me.



2004-41157
4757

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 7/26/04
Permit # _____
CBL# 053 D 007

LOCATION: Main Medical Center Down Central Road/Pop METER MAKE & # _____
CMP ACCOUNT # _____ OWNER Main Medical Center
TENANT (REST TOP Ground) PHONE # _____

						TOTAL	EACH	FEE	
OUTLETS	2	Receptacles		Switches		2	.20	.40	
FIXTURES	12	Incandescent	4	Fluorescent		16	.20	3.20	
SERVICES		Overhead		Underground			15.00		
		Overhead		Underground			25.00		
Temporary Service		Overhead		Underground			25.00		
							25.00		
METERS		(number of)					1.00		
MOTORS		(number of)					2.00		
RESID/COM		Electric units					1.00		
HEATING		oil/gas units		Interior			5.00		
				Exterior					
APPLIANCES		Ranges		Cook Tops			2.00		
		Insta-Hot		Water heaters			2.00		
		Dryers		Disposals			2.00		
		Compactors		Spa			2.00		
		Others (denote)					2.00		
	MISC. (number of)		Air Cond/win					3.00	
			Air Cond/cent				Pools	10.00	
			HVAC		EMS		Thermostat	5.00	
		Signs					10.00		
		Alarms/res					5.00		
		Alarms/com					15.00		
	Heavy Duty(CRKT)					2.00			
	Circus/Carnv					25.00			
	Alterations					5.00			
	Fire Repairs					15.00			
	6	E Lights				1.00		6.00	
		E Generators				20.00			
PANELS		Service		Remote			4.00		
	TRANSFORMER	0-25 Kva					5.00		
		25-200 Kva					8.00		
Over 200 Kva						10.00			
TOTAL AMOUNT DUE									
MINIMUM FEE/COMMERCIAL 45.00						MINIMUM FEE	35.00	45.00	

CONTRACTORS NAME E.S. Bouler Company MASTER LIC. # 60016185
ADDRESS 45 Bradley Dr Westbrook, ME 04092 LIMITED LIC. # _____
TELEPHONE 464-3706

SIGNATURE OF CONTRACTOR James M. Driscoll

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 9/10/04
 Permit # 2004-4983
 CBL# 053-D-007

LOCATION: 22 Bramhall HSC Renov. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Maine Medical Center
 TENANT _____ PHONE # _____

							TOTAL EACH FEE		
OUTLETS	21	Receptacles	11	Switches	5	Smoke Detector	37	.20	7.40
FIXTURES	1	Incandescent	18	Fluorescent		Strips	19	.20	3.80
SERVICES		Overhead		Underground		TTL AMPS <800		15.00	
		Overhead		Underground		>800		25.00	
Temporary Service		Overhead		Underground		TTL AMPS		25.00	
								25.00	
METERS		(number of)						1.00	
MOTORS		(number of)						2.00	
RESID/COM		Electric units						1.00	
HEATING		oil/gas units		Interior		Exterior		5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00	
		Insta-Hot		Water heaters		Fans		2.00	
		Dryers		Disposals		Dishwasher		2.00	
		Compactors		Spa		Washing Machine		2.00	
		Others (denote)						2.00	
MISC. (number of)		Air Cond/win						3.00	
		Air Cond/cent				Pools		10.00	
		HVAC		EMS		Thermostat		5.00	
		Signs						10.00	
		Alarms/res						5.00	
		Alarms/com						15.00	
		Heavy Duty(CRKT)						2.00	
		Circus/Carnv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
	6	E Lights					1.00	6.00	
		E Generators					20.00		
PANELS	1	Service		Remote		Main		4.00	4.00
TRANSFORMER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva						10.00	
							TOTAL AMOUNT DUE		23.20
MINIMUM FEE/COMMERCIAL 45.00							MINIMUM FEE 35.00		45.00

CONTRACTORS NAME E. S. Bowles Co. MASTER LIC. # MC-60016685
 ADDRESS 45 Bradley Dr. Westbrook, ME 04092 LIMITED LIC. # _____
 TELEPHONE 207-464-3700

SIGNATURE OF CONTRACTOR [Signature] SEE 12
check # 8500

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 10/12/04
 Permit # 2004-5110
 CBL# SJD7

LOCATION: Maine Medical Ctr. Parking Garage METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Maine Medical Center
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector		
				.20	
FIXTURES	Incandescent	Fluorescent	Strips	.20	
SERVICES	3 Overhead	Underground	TTL AMPS <800	15.00	45.00
	Overhead	Underground	>800	25.00	
Temporary Service	Overhead	Underground	TTL AMPS	25.00	
				25.00	
METERS	(number of)			1.00	
MOTORS	(number of)			2.00	
RESID/COM	Electric units			1.00	
HEATING	oil/gas units	Interior	Exterior	5.00	
APPLIANCES	Ranges	Cook Tops	Wall Ovens	2.00	
	Insta-Hot	Water heaters	Fans	2.00	
	Dryers	Disposals	Dishwasher	2.00	
	Compactors	Spa	Washing Machine	2.00	
	Others (denote)			2.00	
MISC. (number of)	Air Cond/win			3.00	
	Air Cond/cent		Pools	10.00	
	HVAC	EMS	Thermostat	5.00	
	Signs			10.00	
	Alarms/res			5.00	
	Alarms/com			15.00	
	Heavy Duty(CRKT)			2.00	
	Circus/Carnv			25.00	
	Alterations			5.00	
	Fire Repairs			15.00	
	E Lights			1.00	
	E Generators			20.00	
PANELS	Service	Remote	Main	4.00	4.00
TRANSFORMER	0-25 Kva			5.00	
	25-200 Kva			8.00	
	Over 200 Kva			10.00	
				TOTAL AMOUNT DUE	
MINIMUM FEE/COMMERCIAL 45.00				MINIMUM FEE 35.00	49.00

CONTRACTORS NAME E. S. Boulos Co. MASTER LIC. # 60016185
 ADDRESS 45 Bradley Dr Westbrook, ME 04092 LIMITED LIC. # _____
 TELEPHONE 464-3706

SIGNATURE OF CONTRACTOR _____

Handwritten initials and number: CLK # 599

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	<i>Portland</i>
Street	<i>Commercial Street</i>
Subdivision Lot #	<i>22</i>

PROPERTY OWNERS NAME

Last:	First:
Applicant Name:	<i>John J. ...</i>
Mailing Address of Owner/Applicant (If Different)	<i>18 ...</i>

04-8515

PORTLAND PERMIT # 9217 TOWN COPY

Date Permit Issued: *12/27/04* \$ *154.00* FEE Double Fee Charged

John J. ...
Local Plumbing Inspector Signature L.P.I. # *06411*

53 D C 07

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant

Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY *Apartment*

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # *142,162,1461*

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	<i>1</i>	Sink
		Drinking Fountain	<i>2</i>	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	<i>2</i>	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

69

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	MAINE National Center
Street	22 Ocean Hall Portland
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: Blazewski	First: M. J. Johnson
Applicant Name:	Johnson & Jordan
Mailing Address of Owner/Applicant (If Different)	18 Mussey Rd Scarborough ME 04107

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

M. J. Johnson 11-01-04
Signature of Owner/Applicant Date

048453

Date Permit Issued: 11/01/04 \$ 86.00 If Double Fee FEE Charged

Thomas M. Manley L.P.I. # 01744
Local Plumbing Inspector Signature

53 DEC 7

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING <i>O.R. DEMO.</i>	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Hosp. Bldg.</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>619085</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain	1	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	1	Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			4	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	MAINE MEDICAL CENTER
Street Subdivision Lot #	22 Bryan Hall Portland

PROPERTY OWNERS NAME

Last: CHAZEGOSK	First: MATILDA
Applicant Name:	Johanson & Jordan
Mailing Address of Owner/Applicant (If Different)	18 MUGGY ROAD SCARBOROUGH MAINE 04074

048454

Date Permit Issued: 11/01/04 \$ 142.00 Double Fee Charged

Tom M. Maki
Local Plumbing Inspector Signature L.P.I. # 07244

53 D 007

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Matilda Johanson
Signature of Owner/Applicant 11/01/04 Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING <i>Richard 7th floor renov.</i>	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <i>Hospital</i>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <i>091085</i>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
OR OR OR TRANSFER FEE [\$6.00]		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	5	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2	6	Fixtures (Subtotal) Column 1	
		1	Fixtures (Subtotal) Column 2	
			Total Fixtures	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

initial framing, fire protection, fire separation okay to
close in for beam