

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 04-0748	Issue Date:	CBL: 053 D007001
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Location of Construction: 22 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: 871-4117
Business Name:	Contractor Name: Daniel Hebert	Contractor Address: 9 Gould Rd Lewiston	Phone: 2077830424
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Emergency room	Proposed Use: Emergency room, two new bathrooms, three new exam rooms	Permit Fee: \$1,281.00	Cost of Work: \$140,000.00	CEO District: 2
Proposed Project Description: Renovate ER, add 2 baths, 3 exam rms		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		Signature:	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
		Signature:	Date:	

Permit Taken By: jodinea	Date Applied For: 06/07/2004	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 Zon <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 Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Date:

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 06/09/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved	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: 06/14/2004	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) the sprinkler system and fire alarm system shall be tested to the appropriate standard and the results submitted to the Portland Fire Department				
2) the fire alarm system shall be maintained to NPA 72 standards				
3) the sprinkler system shall be maintained to NFPA 13 standards				
4) Application requires State Fire Marshal approval.				

Comments:
06/23/2004-mjn: need stamped plans certifications, Dan Hebert notified Received 7/08/04

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