

# City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-0925	Issue Date: JUL 12 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: 871-4118
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-2

Past Use: medical facility lockers & lounge, conference rooms	Proposed Use: renovated lockers & lounge, conference rooms in medical facility	Permit Fee: \$102.00	Cost of Work: \$9,00000	CEO District: 2
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Proposed Project Description: renovate lockers & lounge, conference rooms in medical facility	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: I-2 Type: 1 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: _____
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Permit Taken By: jodinea	Date Applied For: 07/06/2004	<b>Zoning Approval</b>
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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..	<b>Special Zone or Reviews</b> <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>OK 7/10/04</i>	<b>Zoning Appeal</b> <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: _____	<b>Historic Preservation</b> <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>9</i>
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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.

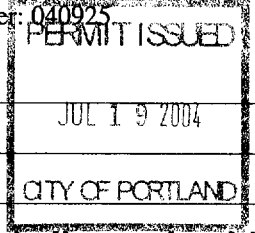
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING DEPARTMENT PERMIT

Permit Number: 040925



This is to certify that Maine Medical Center/Langford & Low  
has permission to renovate lockers & lounge, conference rooms in medical facility  
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. **48 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]  
Director - Building & Inspection Services

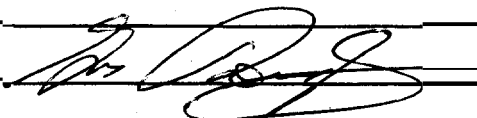
**PENALTY FOR REMOVING THIS CARD**

# 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. Portland Me. 04101</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>53              D              7</u>	Owner: <u>Maine Medical Center</u> <u>22 Bramhall St.</u> <u>Portland, Me. 04101</u>	Telephone: <u>871-4118</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>LANGFORD &amp; LOW INC</u> <u>348 WARREN AVE.</u> <u>Portland Me. 04104</u> <u>(207) 792-5141</u>	Cost Of Work: \$ <u>9,000.00</u> Fee: \$
Current use: <u>hockey's lounge, conference Rms</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>hockey's lounge, conference Rms.</u>		
Project description: <u>20x20      14x21</u>		
Contractor's name, address & telephone: <u>LANGFORD &amp; LOW</u> <u>248 WARREN AVE, Portland Me. 04104</u>		
Who should we contact when the permit is ready: <u>Gus Dougherty</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 permits are 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.

Signature of applicant: 	Date: <u>7-1-04</u>
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