

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 041409

This is to certify that Maine Medical Center/William Berry &
has permission to Installation of a temporary construction trailer power line
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 occupied or closed-in. **HEAVY 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. MM
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
Director - Building & Inspection Services
9/24/04

PENALTY FOR REMOVING THIS CARD

EXPIRED

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1409	Issue Date: 2/2/04	CBL: 053 D007001
-----------------------	-----------------------	---------------------

Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone: 2032236026
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: R-6

Past Use: Parking Garage	Proposed Use: Parking Garage / Installation of a temporary const. Trailer/ Lower Level	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 2
-----------------------------	---	------------------------	-----------------------------	--------------------

Proposed Project Description: Installation of a temporary const. Trailer/ Lower Level	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: U/B Type: NA TEMP OFFICE 9/24/04
	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: Idobson	Date Applied For: 09/22/2004	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

<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>ok 9/22/04</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 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:
---	---	---	--

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:

03/26/19 Expired permit. No one called for Annal
Ings.

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1495	Date Applied For: 10/05/2004	CBL: 053 D007001
-----------------------	---------------------------------	---------------------

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: (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: commercial space w/ wall moved 2'	Proposed Project Description: move wall 2' in commercial space
--	---

Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 10/12/2004
 Note: Ok to Issue:

Dept: Building Status: Approved Reviewer: Mike Nugent Approval Date: 10/13/2004
 Note: Ok to Issue:

Dept: Fire Status: Approved Reviewer: Lt. MacDougal Approval Date: 10/12/2004
 Note: Ok to Issue:

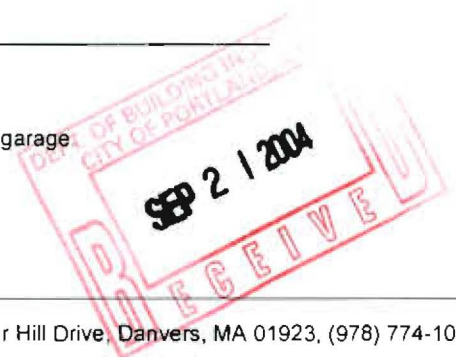
L. Langford



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.

Location/Address of Construction: 22 Bramhall Street		
Total Square Footage of Proposed Structure 1536 SF	Square Footage of Lot 270,080 SF	
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>	Owner: Maine Medical Center, Hank Dunn	Telephone: 207.871 6799
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Maine Medical Center 22 Bramhall Street Portland, ME 04102-375	Cost Of Work: \$ <u>\$1000.00</u> Fee: \$ <u>\$30</u>
Current Specific use: <u>S-2 Storage -Existing Parking Garage</u>		
Proposed Specific use: <u>S-2 Storage - Parking Garage - Construction Trailer</u>		
Project description: Installation of a temporary construction trailer in lower level of the existing parking garage		
Contractor's name, address & telephone William A. Berry & Son, Inc., 99 Conifer Hill Drive, Danvers, MA 01923, (978) 774-1057		
Who should we contact when the permit is ready: <u>Jason E. Lansberry</u>		
Mailing address: William A Berry & Son, Inc. c/o Maine Medical Center, PO Box 113 22 Bramhall Street Portland, ME 04102-3175		Phone: 203.223.6026



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.

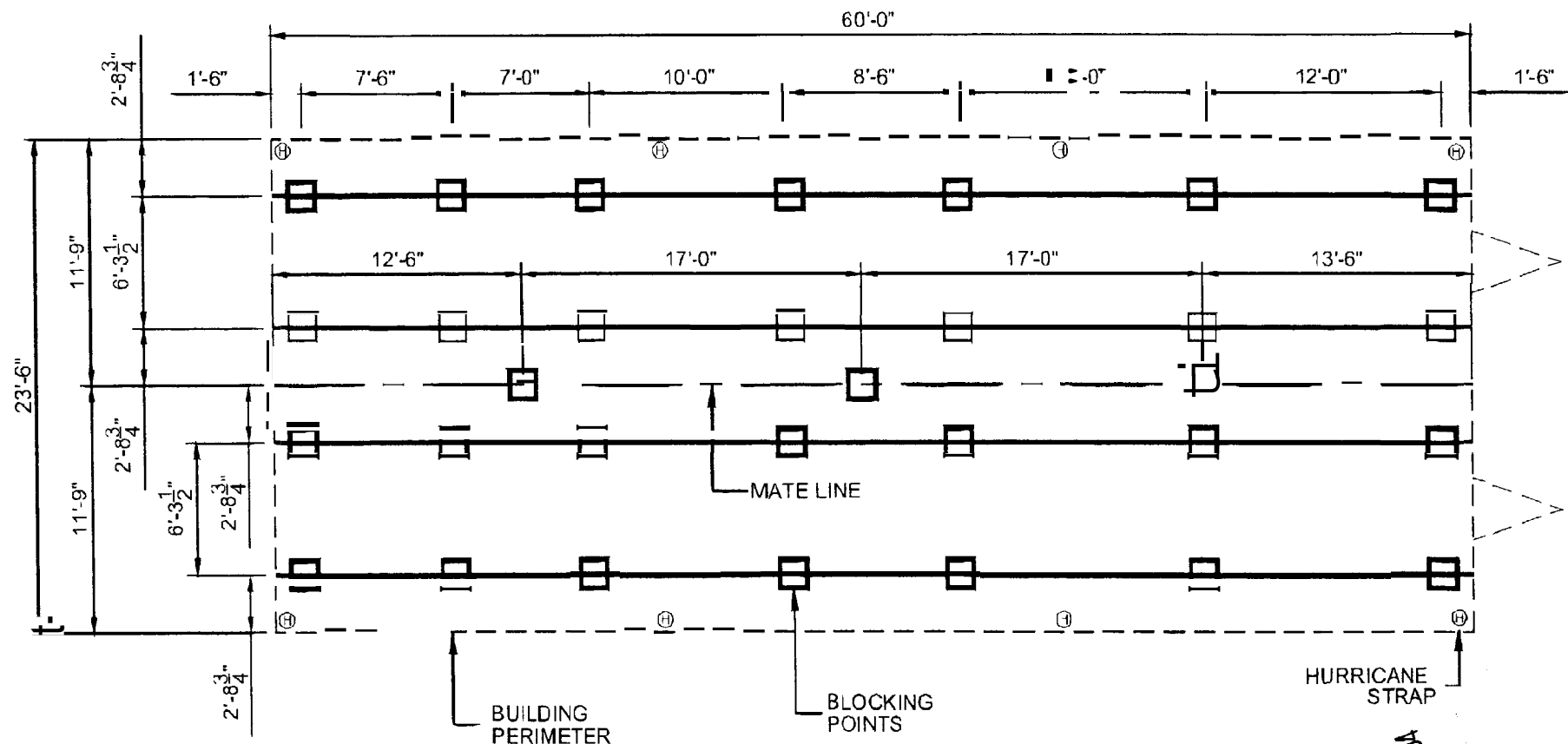
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: 	Date: <u>9/21/2004</u>
---	------------------------

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.



APR 2 2004
SEES



CORPORATE OFFICES
8211 TOWN CENTER DRIVE
BALTIMORE, MD 21236
(800) 638-6963
(410) 931-6000

OFFICES THROUGH OUT
THE UNITED STATES

THE USE OF THIS
DRAWING FOR ANY
MEANS OTHER THAN
THAT INTENDED IS
STRICTLY PROHIBITED
WITHOUT THE PRIOR
WRITTEN CONSENT
OF AN AUTHORIZED
REPRESENTATIVE OF
WILLIAMS SCOTSMAN

PROJECT
**DOUBLE WIDE 64 X 24
NORTHEAST REGION**

DRAWING
BLOCKING PLAN

DWG BY: HOWARD SCARPOLA

SERIAL#:

SR:

FILE#: DW6424F1

SCALE: 1/8"=1'

DWG #: F-1

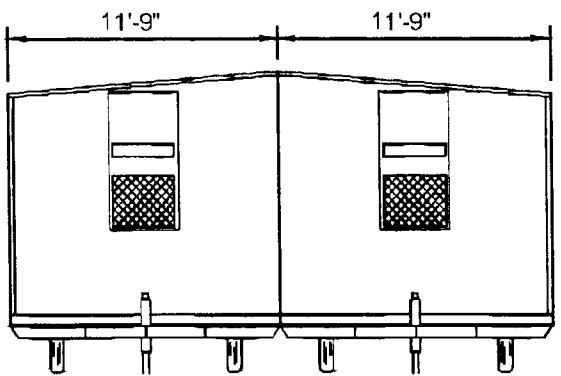
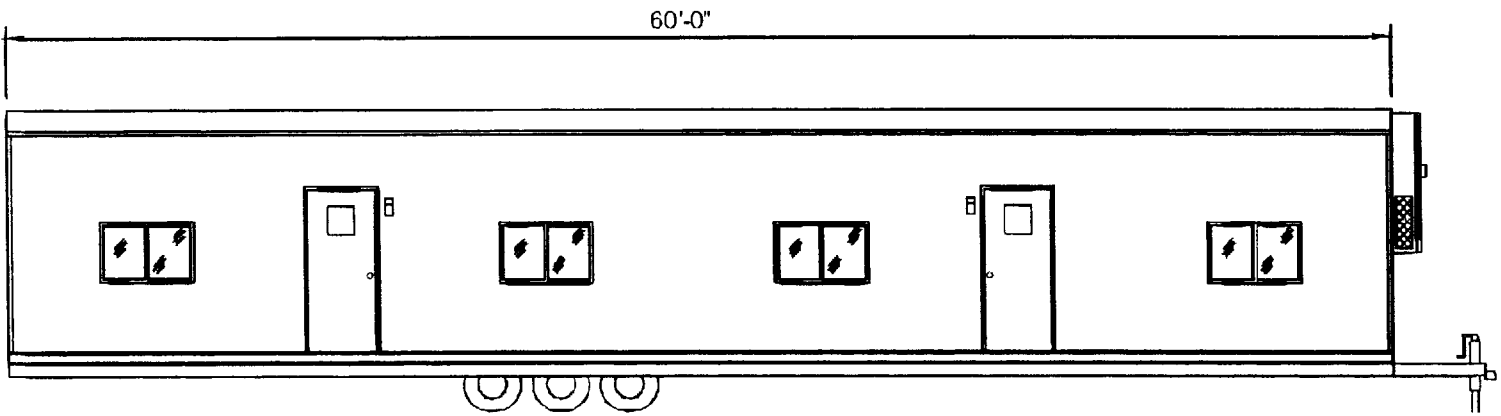
DATE: 3/10/98

REV.#: 1

Mobile Offices • Storage Products
And More

©WILLIAMS SCOTSMAN 1998

(800) 782-1500



2002
JES



CORPORATE OFFICES
8211 TOWN CENTER DRIVE
BALTIMORE, MD 21236
(800) 638-6963
(410) 931-6000

OFFICES THROUGH OUT
THE UNITED STATES

(800) 782-1500

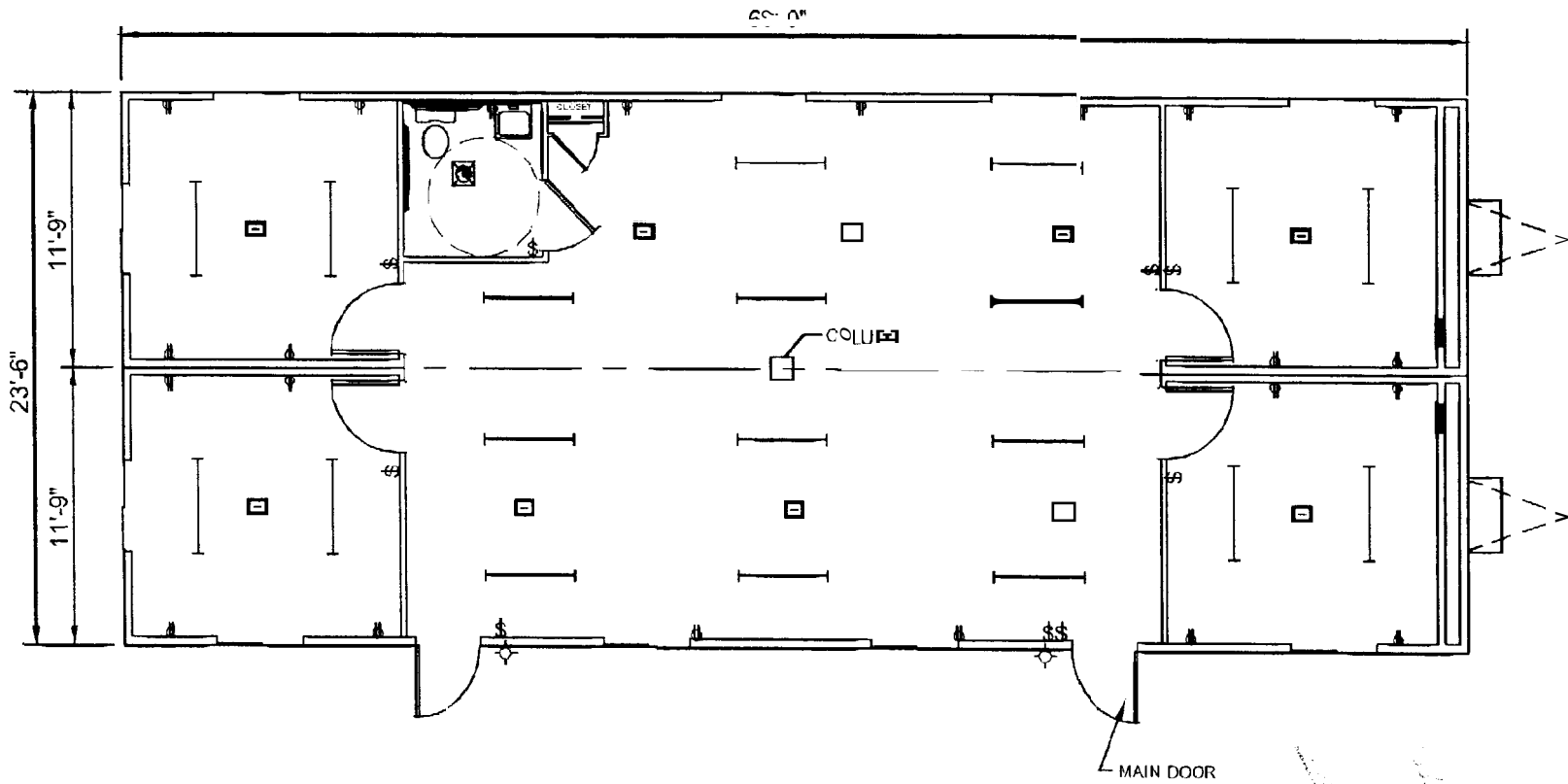
THE USE OF THIS
DRAWING FOR ANY
MEANS OTHER THAN
THAT INTENDED IS
STRICTLY PROHIBITED
WITHOUT THE PRIOR
WRITTEN CONSENT
OF AN AUTHORIZED
REPRESENTATIVE OF
WILLIAMS SCOTSMAN.

PROJECT
DOUBLE WIDE 64 X 24
NORTHEAST REGION

DRAWING
ELEVATIONS

DWG BY: HOWARD SCARPOLA	SERIAL#:	SR:
FILE#: DW6424E1	SCALE: 1/8"=1'	DWG #: A-2
	DATE: 3/10/98	REV.#: 1

Mobile Offices • Storage Products
And More
©WILLIAMS SCOTSMAN 1998



SEP 2 1 1998
 11:21 AM
 11:21 AM

<p>WILLIAMS SCOTSMAN</p> <p>Mobile Offices • Storage Products And More</p> <p>©WILLIAMS SCOTSMAN 1998</p>	<p>CORPORATE OFFICES 8211 TOWN CENTER DRIVE BALTIMORE, MD 21236 (800) 638-6963 (410) 931-6000</p>	<p>THE USE OF THIS DRAWING FOR ANY MEANS OTHER THAN THAT INTENDED IS STRICTLY PROHIBITED WITHOUT THE PRIOR WRITTEN CONSENT OF AN AUTHORIZED REPRESENTATIVE OF WILLIAMS SCOTSMAN.</p>	<p>PROJECT</p> <p>DOUBLE WIDE 64 X 24 NORTHEAST REGION</p>		<p>DRAWING</p> <p>FLOOR PLAN</p>		
	<p>OFFICES THROUGH OUT THE UNITED STATES</p> <p>(800) 782-1500</p>		<p>DWG BY: HOWARD SCARPOLA</p>	<p>SERIAL#:</p>	<p>SR:</p>		
			<p>FILE#: DW6424A1</p>	<p>SCALE: 1/8"=1'</p>	<p>DWG #: A-1</p>	<p>DATE: 3/10/98</p>	<p>REV.#: 1</p>



Mobile Offices • Storage Products
And More

SEP 2 1 2004

**Specification For
DW6424 Standard
W/ Handicapped Restroom for
Northeast Region**

Frame

MAIN BEAMS 12" JR I-BEAM
TYPE OUTRIGGER
XMEMBER 48" O.C.
HITCH STANDARD REMOVEABLE
AXLES (3) SINGLE LEAF, OVER SLUNG

Floor

HTM BOARD: SIMPLEX
JOISTS: 2X6, #2 S.P.F. TRANSVERSE @ 16" O.C.
INSULATION: 3 2" R-11 F/G UNFACED BATT
DECKING: 5/8" SQ EDGE PLYWOOD
FLOOR CVR: 1/8" TILE, FORTRESS WHITE
TRIM: STD PREFINISHED

Exterior Walls

STUDS: 2 X 4 FRAMING @ 16" O/C, 8' HIGH
PLATES: SGL 2X4 TOP & BOTTOM
SHEATHING: .10 STRUCTURAL GRADE
WALL CVR: 1/4" LFE PANELING (WILLIAMS
KTRCH)
INSULATION: 3-1/2" R-11 F/G KRAFT FACED BATT
* PARTITIONS 2 X 3 FRAMING @ 16" O/C, 8' HIGH
BASE TRIM STANDARD PREFINISHED
SIDING: .019 VERT. ALUMINUM (#5100
COLONIAL WHITE)
TRIM: .019 ALUMINUM (#6300 DARK GREEN)

Roof

TRUSS TYPE WOOD TRUSS @ 16" O.C.
SHEATHING 3/8" CDXPLYWOOD
INSULATION 6" R-19 F/G KRAFT FACED BATT
CEILING 2" PREFINISHED GYPSUM
ROOFING 30 GA GALVANIZED
VENTING ROOF VENTING PER CODE
TIE DOWN MIN (4) OVER TIE ROOF
GUTTER STD DRIP RATT.

Doors

EXT. DR: 36" X 80" (ELIXER 502-14) W/14" X 14"
VISION PANEL, STD LOCKSET
INT. DR: 36" X 80" H.C. (COLONIAL BIRCH)
W/STD PRIVACY SET (RESTROOM)
INT DR: 24" X 10" H.C. (COLONIAL BIRCH)
W/STD PASSAGE SET (CLOSET)
INT DR: 36" X 80" H.C. (COLONIAL BIRCH)
W/STD PASSAGE SET (OFFICE)

Windows

STD SIZE: 46" W X 27" H HORIZONTAL SLIDER,
MULTI FRAME, SINGLE STRENGTH, UP
36"
BLINDS: 1" MINI BLINDS (ALABASTER)

Electric

LOAD CENTER: RECESSED (2) 120/240V 1 PHASE 100
AMP, 1-1/4" EMT FLOOR FLOOR
** LIGHTS: 48" 2 TUBE FLUORESCENT STRIP
LIGHT/FAN: 60W LIGHT, 100 CFM FAN
COMBINATION
LIGHTS: 60W, INCANDESCENT EXTERIOR
LIGHT, UP 76"
EXIT: SELF LUMINOUS EXIT SIGNS, IF
REQUIRED
SWITCH: 110V, 15A TOGGLE, UP 48"
RECEPTS: 110V, 15A, UP 14" (UNLESS NOTED)
RECEPTS: 110V, 15A, GFI, UP 48" (RESTROOM)
RACEWAY (14/2 W/G MINj COPPER ROMEX (TYPE
NM-B 90C)

Plumbing

W/C: HANDICAPPED TANK TYPE 1.6
GALLON
LAV: HANDICAPPED 20" X 17" WALL HUNG
OR 20" X 17" MTD IN WALL HUNG
COUNTER
WATER HTR: 6 GALLON ELECTRIC IN CLOSET OR
INSTANT HOT UNDER SINK
SUPPLY: TYPE A1 ± COPPER
WASTE: SCHEDULE 40 PVC
MISC: 18" W X 20" MIRROR UP 40",
42" ON SIDE, 36" ON BACK, UP 33",
TOILET PAPER DISPENSER UP 24"

Heating/Ventilation/Air Conditioning

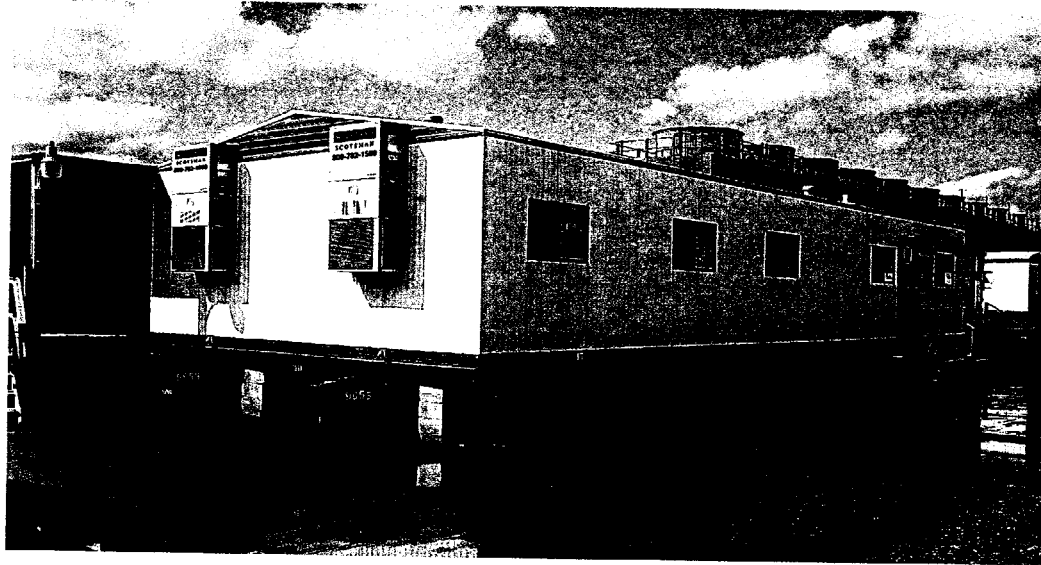
HEAT/COOL: BARD 3 TON CENTRAL W/15 KW HEAT
DUCT: IN CEILING
SUPPLY: 10" X 10" W/ADJUSTABLE DAMPER
RETURN: AT UNIT, AND GRILLES IN DOORS
THERMOSTAT: UP 48"
FAN: SEE ELECTRICAL

* OPTIONAL: MOVABLE INTERIOR PARTITIONS
MAY BE INSTALLED
** OPTIONAL: DIFFUSED LIGHTS

State Seals

MARYLAND, VIRGINIA, NEWJERSEY & CONNECTICUT

Model DW6424



SIZE

- 64' Long (including hitch)
- 60' Box size
- 24' Wide
- 8' Ceiling height
- Other double-wide sizes are available

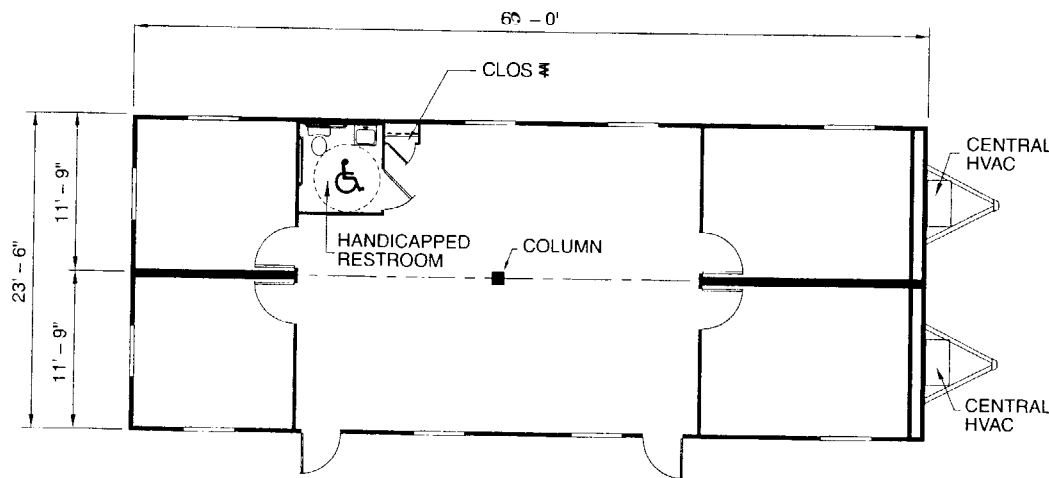
INTERIOR FINISH

- Paneled walls
- Vinyl tile floors
- Gypsum ceiling
- Private office(s)
- Wide open shells available

ELECTRIC

- Fluorescent ceiling lights
- 110/240 volt single-phase electric
- Two 100 AMP breaker boxes

Model 6424



WINDOWS/DOORS

- Horizontal slider windows
- Two vision panel doors with standard locks

HEATING AND COOLING

- Central HVAC

EXTERIOR FINISH/FRAME

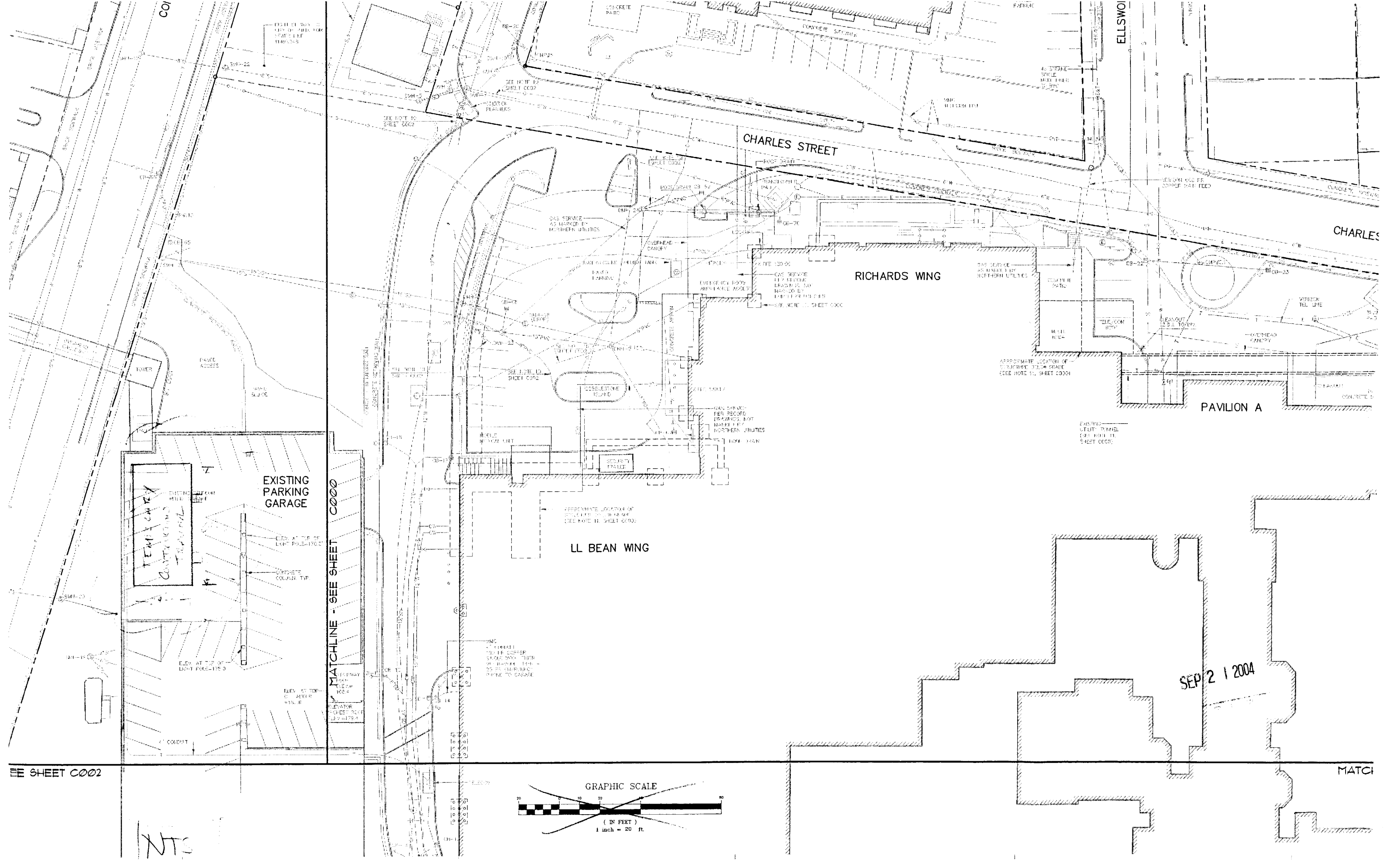
- Aluminum siding
- I-Beam frame or perimeter frame
- Standard drip rail gutters



Mobile Offices • Storage Products
And More

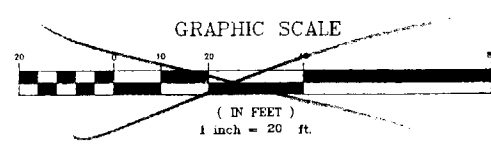
800-782-1500

Additional floor plans available. Floor plans and specifications may vary from those shown, and are subject to in-stock availability.



SEE SHEET C002

MATCH



SEP 21 2004

NTS

MATCHLINE - SEE SHEET C000



CITY OF PORTLAND, MAINE
Department of Building Inspections

9-21 2004

Received from Jason Laiscerry

Location of Work 2 Bramhall St.

Cost of Construction \$ _____

Permit Fee \$ 3000.00

Building (IL) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other Temp Trailer

CBL: 053 D 007

Check #: cash

Total Collected \$ 3000.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy