

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

Permit Number: 041473

This is to certify that Maine Medical Center/Hebert Construction
has permission to interior demolition of commercial space preparatory for tenancy
AT 2 Bramhall St City of Portland, Maine 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 work in progress must be reported before this building or part thereof is occupied or closed-in. **HEAR 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] 10/19/04
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

EXPIRED

24/06/24

Expire permit. No one would for
Affirm imp.

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1473	Issue Date:	CBL: 053 D007001
-----------------------	-------------	---------------------

Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: 871-6149
Business Name:	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-6
Past Use: commercial space-patient care	Proposed Use: interior demolition of commercial space in preparation for tenant fitup	Permit Fee: \$192.00	Cost of Work: \$18,980.00
Proposed Project Description: interior demolition of commercial space in preparation for tenant fitup		CEO District: 2	INSPECTION: Use Group 1.2 Type: 20
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group 1.2 Type: 20
		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			
permit Taken By: dmm		Date Applied For: 09/30/2004	Zoning Approval

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 10/8/04</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: <i>[Signature]</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

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1473	Date Applied For: 09/30/2004	CBL: 053 D007001
------------------------------	--	----------------------------

Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: () 871-6149
---	--	---	-------------------------------

Business Name:	Contractor Name: Hebert Construction LLC	Contractor Address: 9 Gould Rd. Lewiston	Phone: (207) 783-2091
-----------------------	--	--	---------------------------------

Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial
----------------------------	---------------	---

	Proposed Project Description: interior demolition of commercial space in preparation for tenant fitup
--	---

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 10/08/2004
Note: **Ok to Issue:**

Dept: Building **Status:** -Approved **Reviewer:** Mike Nugent **Approval Date:** 10/19/2004
Note: **Ok to Issue:**

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

Comments:

10/18/2004-mjn: Left message with Dan Hebert/GC re the stair tower and how the project would disrupt it's "usability"

FAXED A PLAN OF THE ENTIRE WING ALL OK! Mjn



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: Maine Medical Center - 22 Bramhall St. Portland, ME		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Chart# <u>5</u> Block# <u>D</u> Lot# <u>7</u>	Owner: Maine Medical Center	Telephone: (207) 871-6149
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Hebert Construction, LLC 9 Gould Road Lewiston, ME 04240 (207) 783-2091	cost Of Work: <u>\$18,980.00</u> Fee: \$192.00
Current Specific use: <u>Patient Care</u>		
Proposed Specific use: <u>Endoscopy Procedures</u>		
Project description: Re-configure space to allow for a more efficient Endoscopy Procedure area. This is for demolition permit only in preparation of tenant fit-up. Final drawings will be submitted within the next two weeks for approval.		
Contractor's name, address & telephone Hebert Construction, LLC 9 Gould Road, Lewiston, ME 04240 (207) 783-2091		
Who should we contact when the permit is ready <u>Daniel R. Hebert</u>		
Mailing address 9 Gould Road Lewiston, ME 04240 Phone (207) 783-2091		

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 574-8703.

SEP 3 2004

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: <u>Daniel R Hebert</u>	Date: <u>9-29-2004</u>
--	------------------------

Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

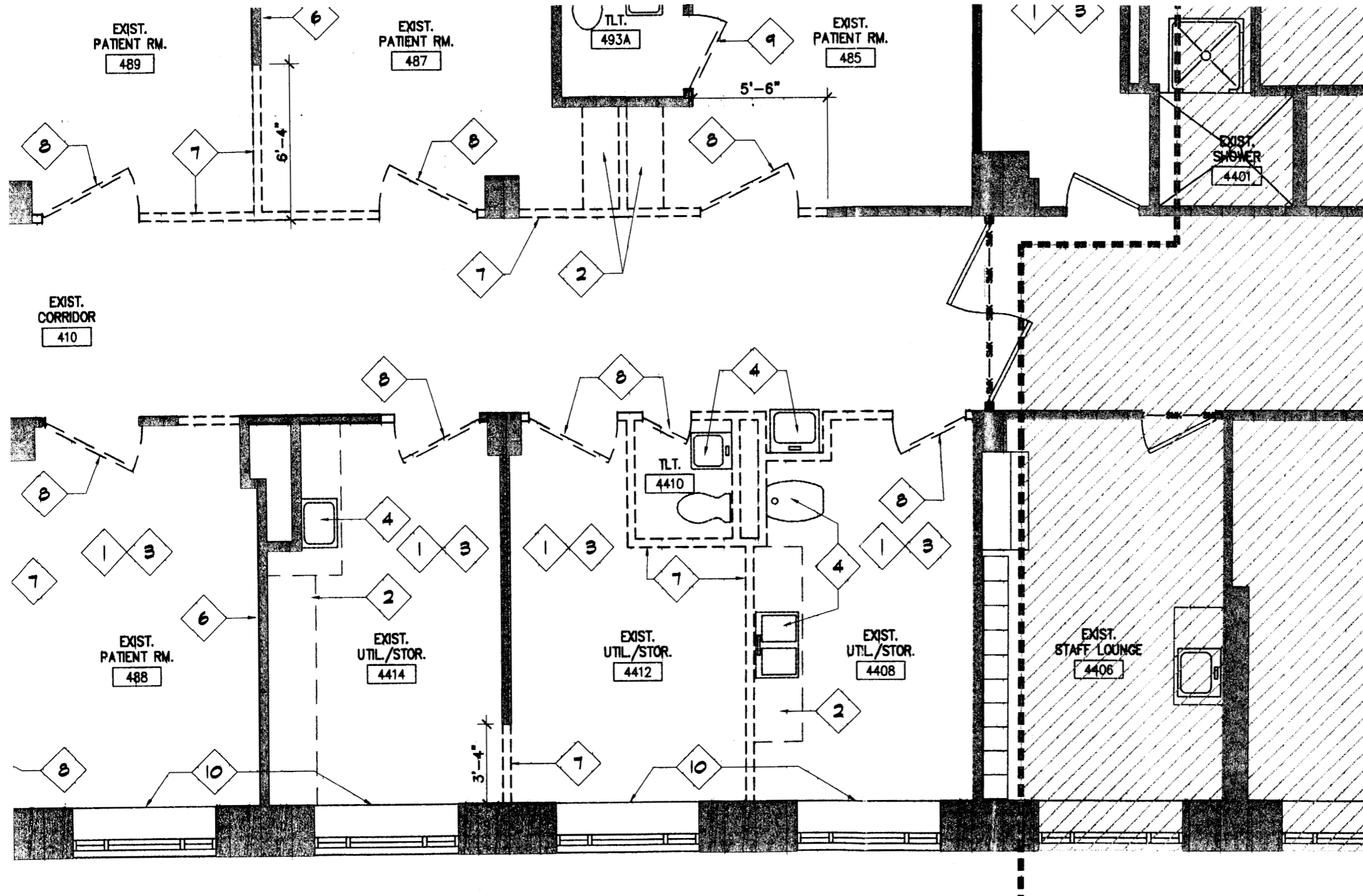
This is not a Permit; you may not commence any work until the Permit is issued.

MMC/PAVILION 4-D ENDOSCOPY UNIT

MAINE MEDICAL CENTER
Portland, Maine

Scale: 1/4"=1'-0"
Project Number: 04-15
Date: Sept 28, 2000
Revisions:

53 D
SEP 3
RECEIVED



DEMOLITION PLAN

AD1.01

I. MISC. EQUIPMENT OR FURNISHINGS SHALL BE STORED OR REMOVED AT THE DISCRETION OF THE OWNER.

J. REPAIR & PREPARE EXISTING WALLS, FLOORS, AND CLGS. TO RECEIVE NEW FINISHES.

K. WHERE PLUMBING FIXTURES ARE REMOVED, EXISTING PIPING SHALL BE CAPPED OR REMOVED. REFER TO PLUMBING DRAWINGS FOR DEMO OF PIPING.

L. WHERE ELECTRICAL FIXTURES ARE REMOVED, EXISTING WIRING SHALL BE REMOVED BACK TO ELECT. BOX. REFER TO ELECTRICAL DRAWINGS FOR DEMO OF WIRING/FIXTURES.

M. AFTER DEMOLITION, ALL ABANDONED PENETRATIONS SHALL BE PATCHED AND FIRE PROTECTED ACCORDING TO CODE.

N. ITEMS TO BE SALVAGED FOR RE-USE BY OWNER:


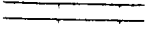

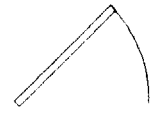

- DOOR HARDWARE
- ROLLING FILES
- LIGHTING, INCLUDING EMERGENCY LIGHTING
- FIRE EXTINGUISHERS
- SMOKE DETECTORS

O. CONTRACTOR TO PROTECT AREAS TO REMAIN OPERATIONAL FROM DUST AND DEBRIS. CONTRACTOR RESPONSIBLE FOR MAINTAINING AND CLEANING ANY AREAS EXPOSED TO DUST OR DEBRIS FROM DEMOLITION ACTIVITIES.

DEMOLITION KEY NOTES:

- 1 REMOVE EXISTING FLOORING AND ADHESIVE OR GROUT. PREPARE EXISTING FLOOR SLAB TO RECEIVE NEW FLOORING.
- 2 REMOVE EXISTING COUNTERTOP AND/OR CABINETS. REFER TO PLUMBING DWGS FOR ANY REQ'D PIPING DEMOLITION.
- 3 REMOVE EXISTING CEILING. REFER TO MECH., ELEC. AND PLUMBING DWGS FOR HVAC, WIRING AND SPRINKLER DEMOLITION. LIGHT FIXTURES TO BE SALVAGED FOR OWNER.
- 4 REMOVE EXISTING PLUMBING FIXTURES, REFER TO PLUMBING DWGS FOR PIPING DEMOLITION.
- 5 REMOVE HOLE ON WALLS AND CEILING
- 6 REMOVE EXISTING MEDICAL GAS
- 7 REMOVE EXISTING PARTITION.
- 8 REMOVE EXISTING DOOR & FRAME, SALVAGE FOR RE-USE BY OWNER.
- 9 REMOVE EXISTING DOOR. SALVAGE FOR RE-USE BY OWNER.
- 10 REMOVE EXISTING HEATING UNIT. REFER TO MECH. DWGS FOR ANY REQ'D MECH. DEMOLITION.

DEMOLITION LEGEND:

-  • WALL TO BE REMOVED
-  • WALL TO BE REMAIN
-  • REMOVE EXISTING DOOR AND FRAME, INCLUDING SIDELIGHT HARDWARE TO BE SALVAGED FOR OWNER
-  • EXISTING DOOR AND FRAME TO REMAIN
-  • EXISTING COLUMN ENCLOSURE TO REMAIN MAINTAIN INTEGRITY OF FIREPROOFING OR ENCLOSURE ASSEMBLY

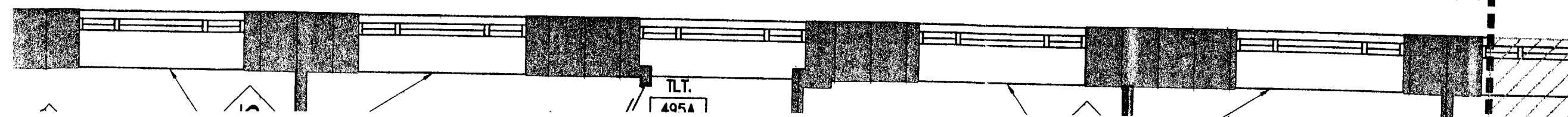
LIMIT LINE OF WORK

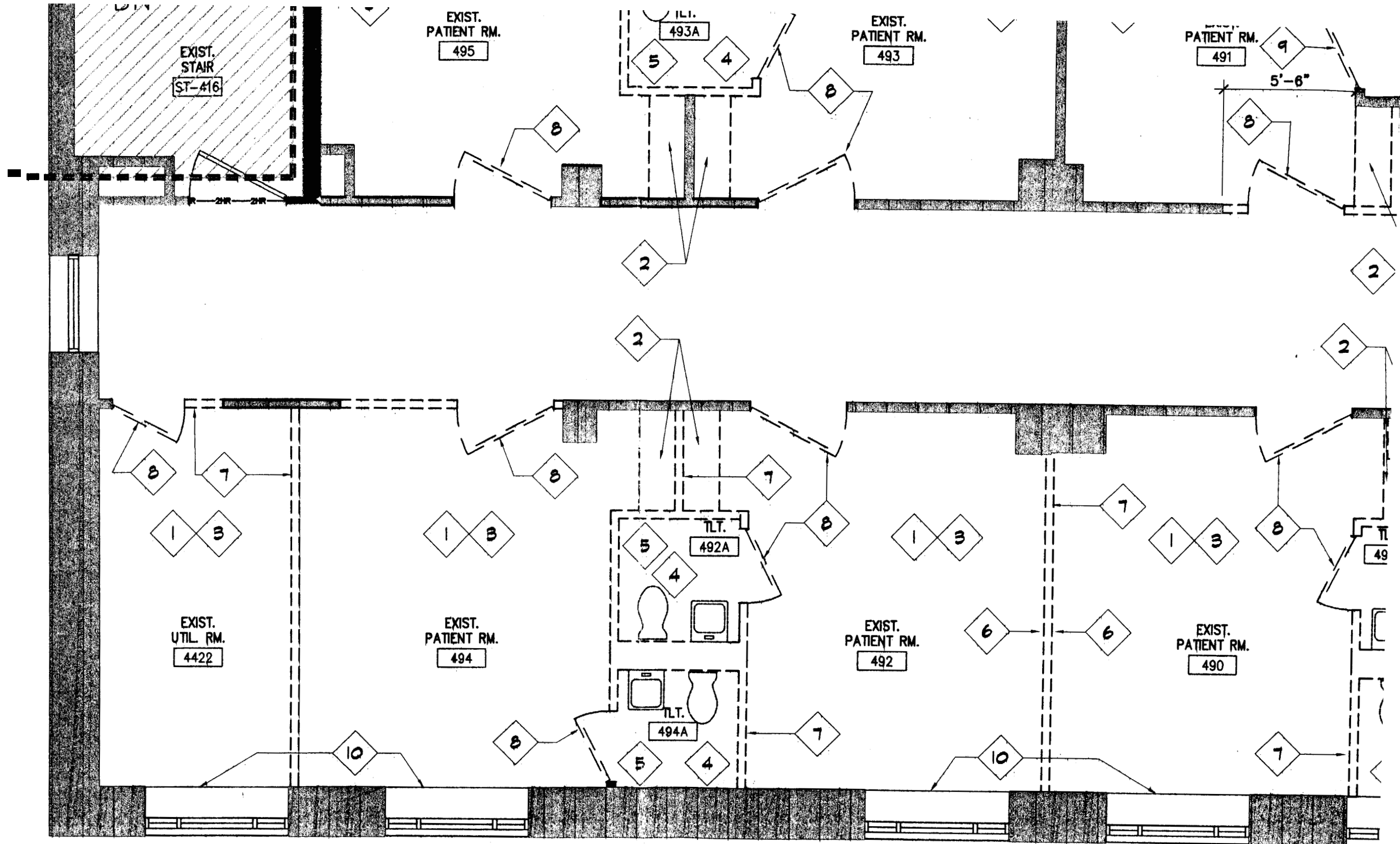


ARCHITECTS
INTERIORS
PLANNERS

55 GREEN STREET
PORTSMOUTH, NH 03801
T 603.436.2551
F 603.436.6973
www.jsainc.com

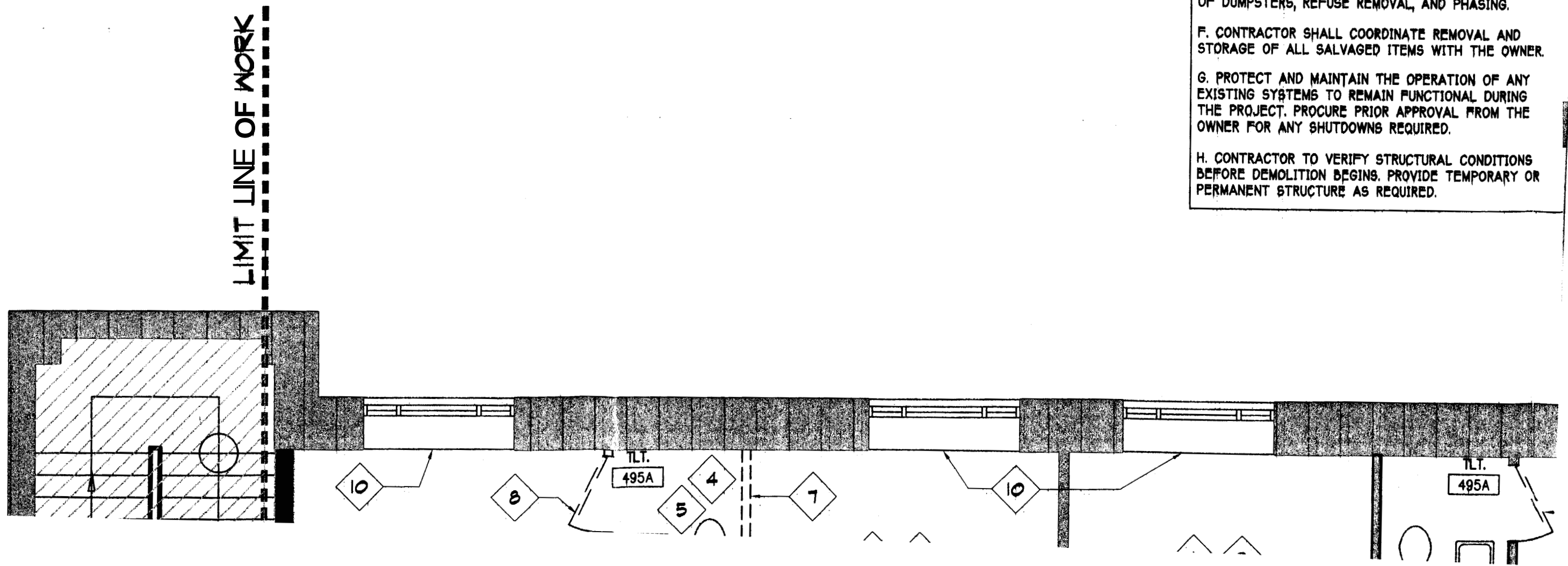
NEILL & GUNTER, Inc.
Design and Consulting Engineers
Scarborough, Maine





DEMOLITION GENERAL NOTES:

- A. ALL DEMOLITION WORK SHALL CONFORM TO ALL LOCAL, STATE, AND NATIONAL SAFETY CODES.
- B. MAINTAIN INTEGRITY OF ALL EXISTING FIRE RATED ASSEMBLIES TO REMAIN, INCLUDING ENCLOSURES AT COLUMNS, STAIRS AND SHAFTS.
- C. PROTECT ALL EXISTING FINISHES, MILLWORK AND CONSTRUCTION TO REMAIN.
- D. BEFORE STARTING WORK, THE CONTRACTOR SHALL VERIFY EXISTING CONDITIONS, INCLUDING DIMENSIONS AND ELEVATIONS. THE CONTRACTOR SHALL PREPARE A LIST OF EXISTING DAMAGED AREAS, DOCUMENTED BY DATED PHOTOGRAPHS AND SIGNED BY THE PERSON CONDUCTING THE INVESTIGATION, PRESENT TO OWNER FOR VERIFICATION PRIOR TO STARTING DEMOLITION.
- E. CONTRACTOR SHALL COORDINATE DEMOLITION OPERATIONS WITH THE OWNER, AND PROCURE PRIOR APPROVAL FOR ALL DEMOLITION PROCEDURES, INCLUDING USE OF BUILDING FACILITIES, PLACEMENT OF DUMPSTERS, REFUSE REMOVAL, AND PHASING.
- F. CONTRACTOR SHALL COORDINATE REMOVAL AND STORAGE OF ALL SALVAGED ITEMS WITH THE OWNER.
- G. PROTECT AND MAINTAIN THE OPERATION OF ANY EXISTING SYSTEMS TO REMAIN FUNCTIONAL DURING THE PROJECT. PROCURE PRIOR APPROVAL FROM THE OWNER FOR ANY SHUTDOWNS REQUIRED.
- H. CONTRACTOR TO VERIFY STRUCTURAL CONDITIONS BEFORE DEMOLITION BEGINS. PROVIDE TEMPORARY OR PERMANENT STRUCTURE AS REQUIRED.





CITY OF PORTLAND, MAINE

Department of Building Inspections

9-30 20 07

Received from

Herbert Const.

Location of Work

22 Bramhall Const.

Cost of Construction

\$ _____

Permit Fee

\$ 152.00

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

Other _____

CBL:

23 D 7

Check #:

013119

Total Collected \$

152.00

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