

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, if Any, Attached

Permit Number: 041495

PERMIT ISSUED
OCT 15 2004
CITY OF PORTLAND

This is to certify that Maine Medical Center/Langston & Low, Inc.

has permission to move wall 2' in commercial space

AT 2 Bramhall St 053 D007001

provided that the person or persons who apply for or accept this permit shall comply with all of the provisions of the Statutes of the State 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 occupied or otherwise closed-in. 24 HOUR NOTICE 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] 10/13/04
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: 04-1495	Issue Date: OCT 15 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: R6

Past Use: Commercial space	Proposed Use: commercial space w/ wall moved 2'	Permit Fee: \$48.00	Cost of Work: \$2,500.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 2C 10/13/04	

Proposed Project Description: move wall 2' in commercial space	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: dmm	Date Applied For: 10/05/2004	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 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 10/12/04</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>
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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

03/26/09 Expired permit. No one called for # from
Eng.

OCT 5

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes of user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# 53 Block# 9 Lot# 007		Owner: MAINE Medical Center - 22 Bramhall St. Portland, Me.	Telephone: 871-4118
Lessee/Buyer's Name (If Applicable)		Applicant name, address & telephone: LANGFORD SLOW 248 Warren Ave. Portland, Me. 04101	cost Of Work: \$ 2500 Fee: \$

Current use: Conference Rm.

If the location is currently vacant, what was prior use: _____

Approximately how long has it been vacant: _____

Proposed use: Conference Rm.

Project description: Amoving Existing wall 2'

Contractor's name, address & telephone: LANGFORD SLOW 248 Warren Ave.
Portland, Me.

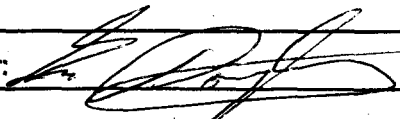
Who should we contact when the permit is ready: Pauls Dorchner

Mailing address: 248 Warren Ave.
Portland, Me. 04101

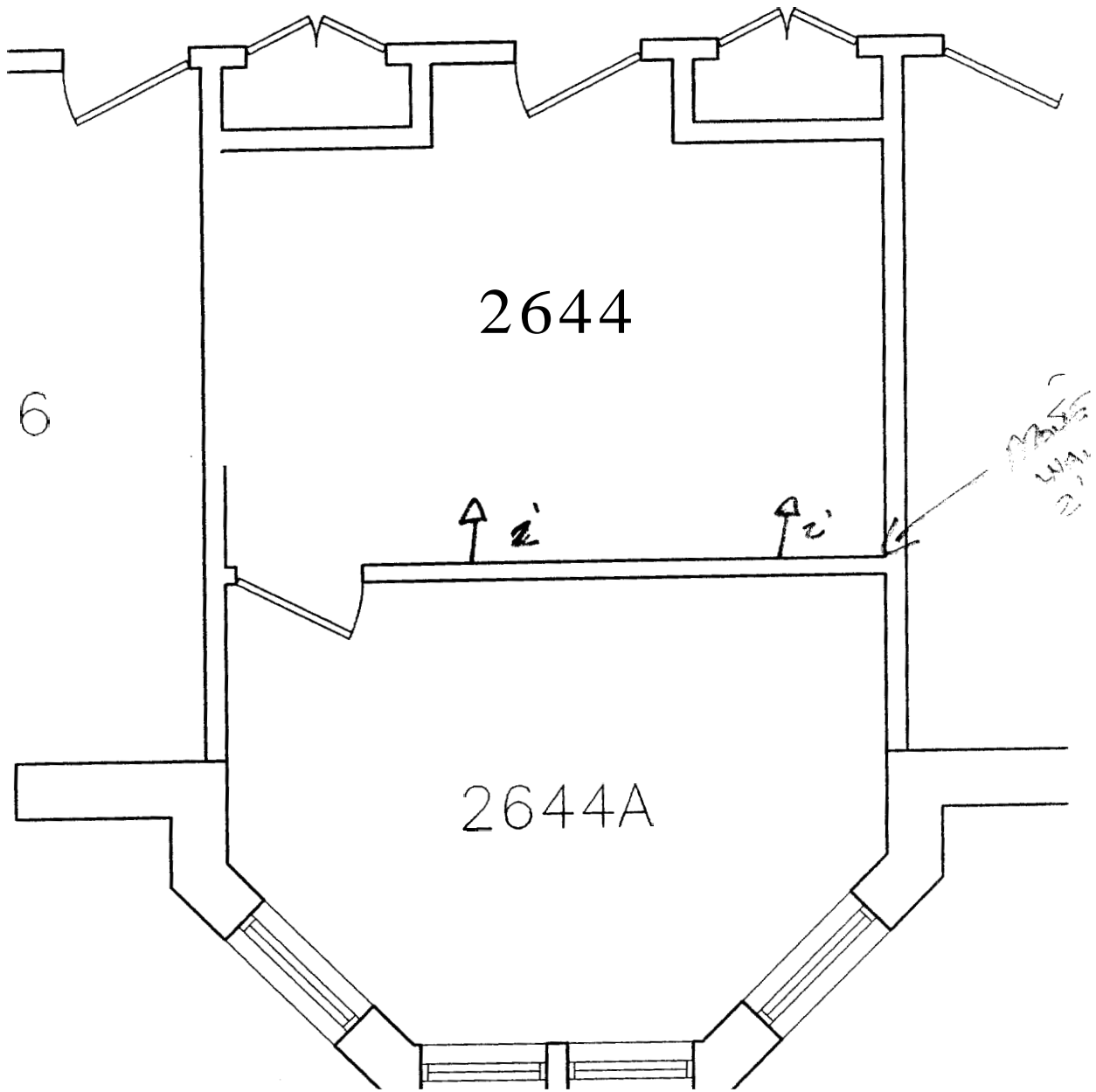
We will contact you by phone when the permit is ready, You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE:

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.

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>10/5/04.</u>
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This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



Scope of work for MGB-2 wall relocation.

Move the wall that divides rooms 2644A and 2644 to enlarge 2466A by 24 inches.

Re-use the existing door, frame, windows and wood baseboard from the old wall in the new wall.

Construct new wall to the floor deck above and insulate the new wall for sound. *3/4" steel studs.*

Remove old and install new carpet on rooms 2644 and 2644A (by other vendor).

Patch ceiling grid and replace tile.

Relocate voice/data and electrical outlets disturbed by the wall relocation.

Existing lighting and sprinklers to remain as is.

Relocate ceiling exhaust fan in room 2644 to avoid wall relocation.

Adjust wall shelving and relocate tack boards as needed.

Patch and paint all disturbed walls.



CITY OF PORTLAND, MAINE
Department of Building Inspections

Oct 5 2004

Received from Langford & Co

Location of Work 22 Bramhall

Cost of Construction \$ 25000.00

Permit Fee \$ 48.00

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

Other _____

CBL: 53 D 007

Check #: 25522

Total Collected \$ 48.00

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

Anna