

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

## BUILDING INSPECTION

### PERMIT

Permit Number: 041496

Please Read Application And Notes, If Any, Attached

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

has permission to add 18' of wall to holding room in comm

AT 2 Bramhall St 053 D007001

provided that the person or persons who accept 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 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] 10/19/04  
Director - Building & Inspection Services

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: 04-1496	Issue Date:	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: 871-6149
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/additional 18' of wall	Permit Fee: \$57.00	Cost of Work: \$3,500.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group I-2 Type 20 10/19/04 [Signature]	

**Proposed Project Description:**  
add 18' of wall to holding room in commercial space

Signature: [Signature]  
Signature: [Signature]  
**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**  
Action  Approved  Approved w/Conditions  Denied  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit Taken By: dmm  
Date Applied For: 10/05/2004

Zoning Approval		
<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 checked="" type="checkbox"/> Minor <input type="checkbox"/> NMM <input type="checkbox"/> Date: 10/12/04	<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 Landmar <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

04/06/09 Expired permit. No one called for  
a firm insp.

**City of Portland, Maine - Building or Use Permit**

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

Permit No: 04-1496	Date Applied For: 10/05/2004	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: ( ) 871-6149
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/additional 18' of wall	Proposed Project Description: add 18' of wall to holding room in commercial space
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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: 10/19/2004  
 Note:      Ok to Issue:

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

- 1) the sprinkler system shall be maintained to NFPA 13 standards
- 2) the fire alarm system shall be maintained to NFPA 72 standards

**Comments:**

10/18/2004-mjn: need more info, Gus Doughty notified on 10/15

OCT 5 2001


# 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.

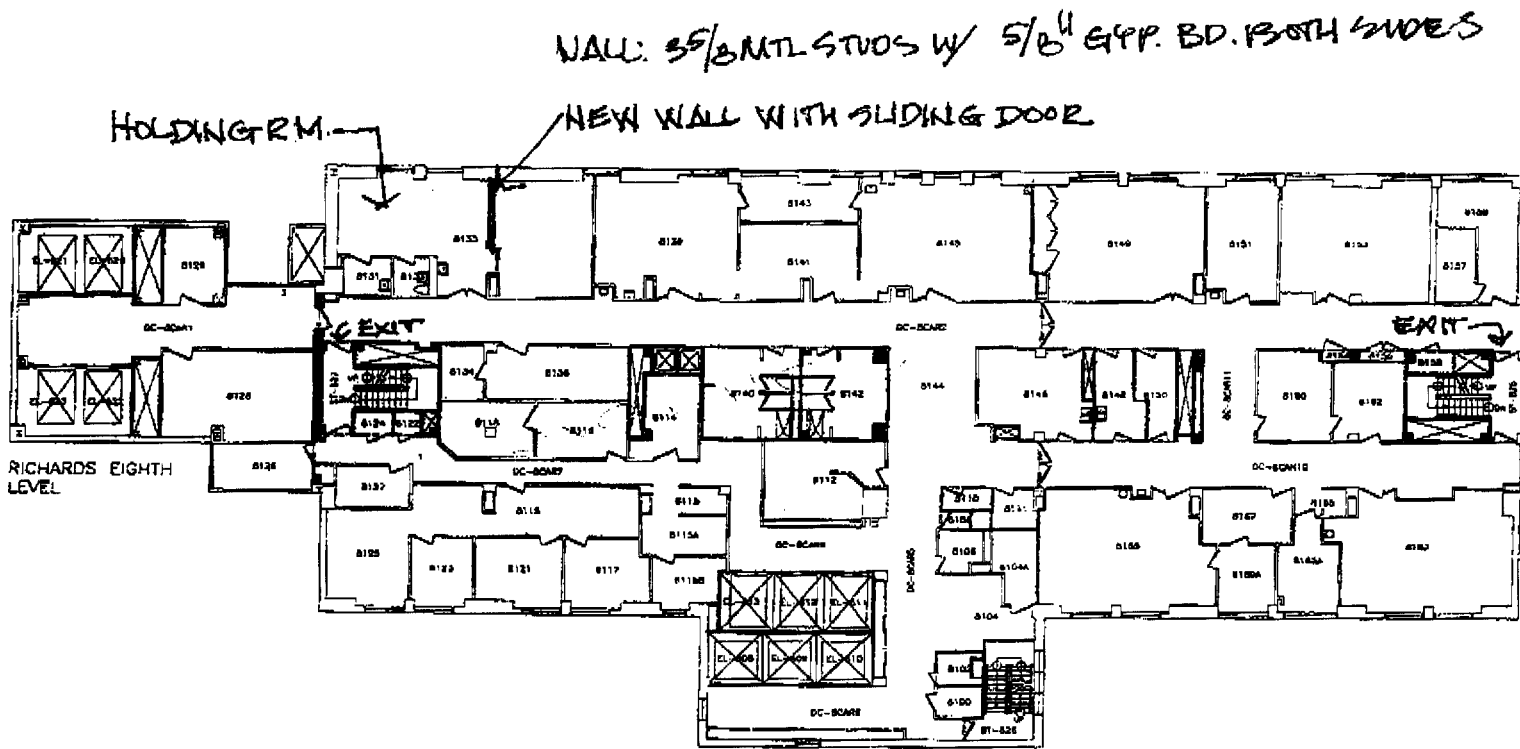
Location/Address of Construction: <u>22 Branchhall St. R-8</u>		
Total Square footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>0</u>	Owner: <u>Maine Medical Center</u> <u>22 Branchhall St.</u> <u>Portland, Me</u>	Telephone: <u>871-6149</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Lanford &amp; Low</u> <u>248 Warren Ave.</u> <u>Portland, Me. 04101</u> <u>797-5141</u>	cost Of Work: <u>\$3500</u>  Fee: <u>\$ 5700</u>
Current use: <u>Holdng Rm</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>Holdng Rm.</u>		
Project description: <u>Addng 18LF of wall.</u>		
Contractor's name, address & telephone: <u>Lanford &amp; Low, Inc.</u> <u>248 Warren Ave.</u> <u>Portland, Me.</u>		
Who should we contact when the permit is ready: <u>Gus Deveraux</u>		
Mailing address: <u>248 Warren Ave.</u> <u>Portland, Me - 04101</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 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>10/5/01</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



RB HOLDING ROOM PROJECT  
RICHARDS BUILDING  
MAINE MEDICAL CENTER

Dr. Regano  
to visit.

Mechanical  
Move  
return

May need  
sprinkler  
head.

move  
light  
switch

8'0" x 12' = 96"  
drywall + 32"  
128"

1. Create wall with  
sliding glass door

2. extend curtain track  
along new wall  
to create privacy by  
glass door.

3 Add phone line (P)  
one phone

4. Adjust HVAC return

chair rail both sides

16'-0"

WALL TYPE

20 gauge studs  
3/8" drywall Each  
side

ceiling demo 16' x 6' =  
run wall to structure.

96"

8' x 4' =  
= current HVAC return

(P)

Room 8135



**CITY OF PORTLAND, MAINE**  
**Department of Building Inspections**

Oct 5 2014

Received from Kingston's LLC

Location of Work 22 Bramhall

Cost of Construction \$ 2500.00

Permit Fee \$ 57.00

Building (I1)  Plumbing (I5)  Electrical (I2)  Site Plan (U2)

Other

CBL: 1007

Check #: 25523

Total Collected \$ 57.00

**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