

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT PERMIT

PERMIT ISSUED
Permit Number: 041676
NOV 17 2004
CITY OF PORTLAND

This is to certify that Maine Medical Center/Herbert Construction
has permission to Renovate Exam & Procedure Rooms Create new endoscope section
AT 2 Bramhall St Permit Number 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 altered 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. to name
Health Dept. ✓
Appeal Board _____
Other _____
Department Name _____

[Signature]
Director - Building & Inspection Services, 11/16/04

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: 04-1676	PERMIT Issue Date: NOV 17 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:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R6

Past Use: Commercial Hospital	Proposed Use: Maine Medical Ctr. Renovate Exam & Procedure rooms Create new edoscope section	Permit Fee: \$118,842.00	Cost of Work: \$1,200,000.00	CEO District: 2
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I2 Type: B3 11/16/04
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Proposed Project Description:
Renovate Exam & Procedure rooms Create new edoscope section

Signature: *[Handwritten Signature]* Signature: *[Handwritten Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 11/09/2004	Zoning Approval
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	Special Zone or Reviews	Zoning Appeal	Historic Preservation
1.	<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
2.	<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
3.	<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
	Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input checked="" type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
	Date: 11/10/04	Date: _____	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	

City of Portland, Maine - Building or Use Permit

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

Permit No: 04-1676	Date Applied For: 11/09/2004	CBL: 053 D007001
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Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Ctr. Renovate Exam & Procedure rooms Create new endoscope section	Proposed Project Description: Renovate Exam & Procedure rooms Create new endoscope section
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/10/2004
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 11/16/2004
Note: **Ok to Issue:**

1) Rooftop unit support steel must receive a "special inspection" from the design professional. Architect agreed to this condition.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Lt. MacDougal **Approval Date:** 11/10/2004
Note: **Ok to Issue:**

- 1) a fire watch shall be maintained in the construction area as long as the life safety system are out of service per the state fire marshal
- 2) the sprinkler system shall be maintained to NFPA 13 standards
- 3) the fire alarm system shall be maintained to NFPA 72 standards
- 4) Application requires State Fire Marshal approval.



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.

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot		Owner:	Telephone:
3 D		Maine Medical Center	(207) 871-6149
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of	
	Hebert Construction, LLC 9 Gould Road Lewiston, ME 04240	Work: \$1,200,000.00	
		Fee: \$10,821.00	
Current Specific use: <u>Exam and Procedure Rooms</u>			
Proposed Specific use: <u>Endoscope</u>			
Project description: Renovate existing Exam and Procedure Rooms to create a new endoscope section.			
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>Dave Moore (207) 313-3173</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 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:
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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.

Permit # 041676

Since 1948



**HEBERT
CONSTRUCTION
LLC**

**Hebert Construction LLC
9 Gould Road
Lewiston, ME 04240 (207)783-2091
FAX: (207)782-4938**

TO: City Of Portland

DATE 11-9-2004

RE: Building Permit

Attn: Building inspection

WE ARE SENDING YOU:

- SHOPDRAWINGS
- COPY OF LETTER

- ATTACHED
- PRINTS
- CHANGE ORDER

- UNDER SEPERATE COVER VIA
- PLANS
- Contract
- SAMPLES

COPIES	DATE	NO.	DESCRIPTION
1 Ea	11-9-2004		Complete plans & Specifications
1	11-9-2004		PDF file disc
1	11-9-2004		Check for \$10,821.00
1	11-9-2004		Building application permit
1	11-9-2004		Accessibility certificate
1	11-9-2004		Building code certificate
1	11-9-2004		Designer certificate

THESE ARE TRANSMITTED AS CHECKED BELOW

- FOR APPROVAL
- APPROVED AS SUBMITTED
- RESUBMIT COPIES
- FOR YOUR USE
- APPROVED AS NOTED
- FOR REVIEW & COMMENT
- AS REQUESTED
- RETURNED FOR CORRECTIONS
- RETURN CORRECTED PRINTS
- FOR BIDS DUE:

REMARKS : Please call our office when permit is ready, thank you

COPY TO :

SIGNED: Dan Hebert



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

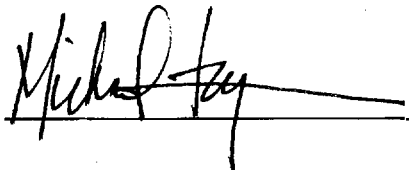
ACCESSIBILITY CERTIFICATE

Designer: JSA INC.

Address of Project: Maine Medical Center, 22 Bramhall Street, Portland, ME

Nature of Project: Renovation of existing Pavilion 4D floor for use as
a new Endoscopy Unit.

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

Signature: 

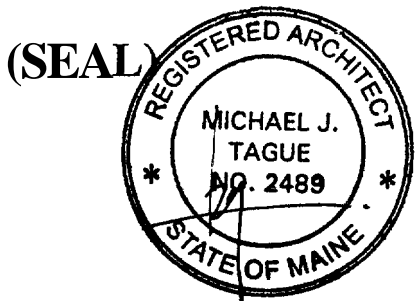
Title: Architect

Firm: JSA, INC.

Address: 55 Green Street

Portsmouth, NH 03801

Phone: 603-436-2551





CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: JSA INC.

RE: Certificate of Design

DATE: 10/29/04

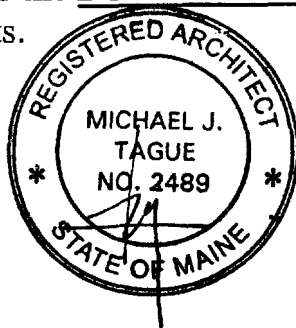
These plans and / or specifications covering construction work on:

Renovation of Maine Medical Center, Pavilion 4D floor for use as a new

Endoscopy Unit.

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the BOCA National Building Code / 1999 (Fourteenth Edition) and local amendments.

(SEAL)



Signature: Michael J. Tague

Title: Architect

As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

Firm: JSA, INC.

Address: 55 Green Street, Portsmouth, NH
03801



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM DESIGNER: JSA, INC.

DATE: 10/29/04

Job Name: Maine Medical Center, Renovation of Pavilion 4D for Endoscopy Unit.

Address of Construction: 22 Bramhall Street, Portland, ME 04102-3175

THE BOCA NATIONAL BUILDING CODE / 1999 (FOURTEENTH EDITION)

Construction project **was** designed according to the building code criteria listed below:

BOCA (1999)
Building Code and Year IBC (2003) Use Group Classification(s) Hospital (I2)
Type of Construction Type 1 (332) Bldg. Height N/A (Existing Bldg.) Sq. Footage 4,024 SF Renovated Area
Seismic Hazard Exposure Group N/A Existing Seismic Performance Category N/A Existing
Roof Snow Load Per Sq. Ft. N/A Existing Dead Load Per Sq. Ft. N/A Existing
Basic Wind Speed (mph) N/A Existing Effective Velocity Pressure Per Sq. Ft. N/A Existing
Floor Live Load Per Sq. Ft. N/A Existing

Structure has full sprinkler system? Yes X No _____ Alarm System? Yes X NO _____

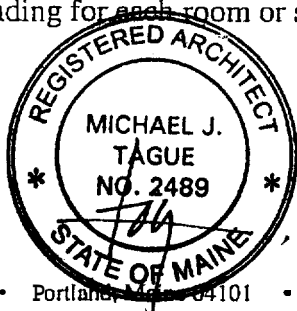
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

Is Structure being considered unlimited area building: Yes _____ No X

If mixed use, what subsection of 313 is being considered: N/A

List Occupant loading for each room or space, designed into this project.

(SEAL)



Michael J. Tague
Designers Stamp & Signature