

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT

PERMIT ISSUED
Permit Number: 050003
JAN 10 2005
CITY OF PORTLAND

This is to certify that Maine Medical Center/Langf... & Low...
has permission to Split an existing space into 3...
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...
give and when permission procured...
before this building or part thereof...
landed 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] 1/7/05
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: 05-0003	Issued Date: <b>PERMIT ISSUED</b> JAN 10 2005	Phone: 0531 D007001
Location of Construction: 2 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland ME 04101
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial

Past Use: Commercial	Proposed Use: Commercial Split an existing space into 3 spaces
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Permit Fee: \$228.00	Cost of Work: \$23,000.00	CEO District: 2
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: T 2 Type: 1B 1/7/05	
Signature: <i>[Signature]</i>	Signature:	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature:		Date:

**Proposed Project Description:**  
Split an existing space into 3 spaces

Permit Taken By: dmartin	Date Applied For: 01/03/2005	<b>Zoning Approval</b>		
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<p>1.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>late: <i>[Signature]</i> 1/5/05</p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>late:</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: <i>[Signature]</i></p>
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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



# 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 Chart# 53 Block# D Lot# 7		Owner: MAINE MEDICAL CENT. C 22 BRAMHALL ST. PORTLAND, ME 04101	Telephone: 871-2447
Lessee/Buyer's Name (If Applicable)		Applicant name, address & telephone: LANGFORD & HOW, INC 248 WARREN AVE PORTLAND, ME 04104 797-	Cost Of Work: \$ 23,000 Fee: \$ 246.00
Current Specific use: OFFICE & STORAGE			
Proposed Specific use: SAME			
Project description: SPLIT AN EXISTING SPACE INTO 3 SPACES.			
Contractor's name, address & telephone: LANGFORD & HOW, 248 WARREN AVE, PORTLAND, ME 797-5141			
Who should we contact when the permit is ready: GUS DAUGHTY			
Mailing address: 248 WARREN AVE PORTLAND, ME 04104			
Phone: 797-5141			

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.

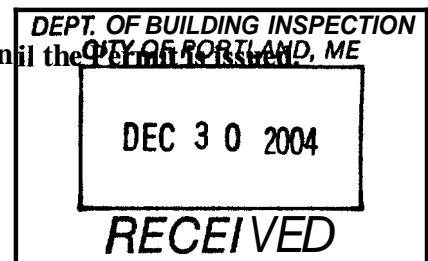
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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: *[Signature]* Date: 12-23-04

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.



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

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

<b>Permit No:</b> 05-0003	<b>Date Applied For:</b> 01/03/2005	<b>CBL:</b> 053 D007001
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<b>Location of Construction:</b> 2 Bramhall St	<b>Owner Name:</b> Maine Medical Center	<b>Owner Address:</b> 22 Bramhall St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Langford & Low, Inc.	<b>Contractor Address:</b> PO Box 662 Portland	<b>Phone</b> (207) 797-5141
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial Split an existing space into 3 spaces	<b>Proposed Project Description:</b> Split an existing space into 3 spaces
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 01/05/2005  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved      **Reviewer:** Mike Nugent      **Approval Date:** 01/07/2005  
**Note:**      **Ok to Issue:**

**Dept:** Fire      **Status:** Approved      **Reviewer:** Lt. MacDougal      **Approval Date:** 01/06/2005  
**Note:**      **Ok to Issue:**

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- NA Footing/Building Location Inspection: Prior to pouring concrete
- NA Re-Bar Schedule Inspection: Prior to pouring concrete
- NA Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

       If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

[Signature]  
Signature of Applicant/Designee

11/18/05  
Date

[Signature]  
Signature of Inspections Official

11/18/05  
Date

CBL: 0530007 Building Permit #: 050003

