

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number **053 D007001**

PERMIT ISSUED

FEB 9 2005

CITY OF PORTLAND

Please Read Application And Notes, if Any, Attached

This is to certify that Maine Medical Center/Herbert Construction has permission to Split space into storage & office space

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. [Signature]
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
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: 05-0070	Issue Date: FEB 3 2005	DBL: 053 DC07001
-----------------------	----------------------------------	---------------------

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: 207832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R6
Past Use: Commercial / Hospital	Proposed Use: Hospital / First flr annex b office renovation/ Split space into storage & office space	Permit Fee: \$291.00	Cost of Work: \$30,000.00
Proposed Project Description:		CEO District: 2	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		INSPECTION: Use Group: I2 Type: 1B 2/1/05 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: Idobson	Date Applied For: 01/21/2005	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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"/> MMS Date: <i>01/28/05</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 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: <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: 05-0070	Date Applied For: 01/21/2005	CBL: 053 D007001
------------------------------	--	----------------------------

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	

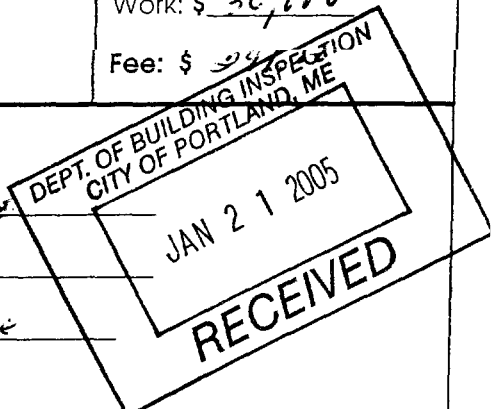
Proposed Use: Hospital / First flr annex b office renovation/ Split space into storage & office space	Proposed Project Description: Split space into storage & office space
---	---

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 01/28/2005
Note:			Ok to Issue: <input type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 02/01/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Lt. MacDougal	Approval Date: 01/31/2005
Note:			Ok to Issue: <input checked="" type="checkbox"/>

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>Maine Medical Center</u>		
Total Square Footage of Proposed Structure <u>720 SF</u>	Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>	Owner: <u>Maine Medical Center</u>	Telephone: <u>662-2850</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Hebert Construction</u> <u>9 Gould Road</u> <u>Lewiston, ME 04240</u>	Cost Of Work: \$ <u>30,000</u> Fee: \$ <u>24</u>
Current use: <u>Storage Space</u>		
If the location is currently vacant, what was prior use: <u>Office Space</u>		
Approximately how long has it been vacant: _____		
Proposed use: <u>Split into storage & office space</u>		
Project description: _____		
Contractor's name, address & telephone: <u>Hebert Construction</u> <u>207-783-2011</u> <u>9 Gould Road</u> <u>Lewiston, ME 04240</u>		
Who should we contact when the permit is ready: <u>Timothy Hebert</u> <u>207-212-2176</u>		
Mailing address: <u>Hebert Construction</u> <u>9 Gould Road</u> <u>Lewiston, ME 04240</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: 212 21-1-		



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: <u>Timothy R. Hebert</u>	Date: <u>1-20-05</u>
--	----------------------

Permit, you m



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: MAINE MEDICAL CENTER

DATE: 1/20/05

Job Name: ANNEX B OFFICE RENOVATION

Address of Construction: 22 BRAMHALL ST.

THE BOCA NATIONAL BUILDING CODE / 1999 (FOURTEENTH EDITION)

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

Building Code and Year BOCA 1999 Use Group Classification(s) B

Type of Construction 3B Bldg. Height NA Bldg. Sq. Footage NA

Seismic Hazard Exposure Group NA Seismic Performance Category NA

Roof Snow Load Per Sq. Ft. NA Dead Load Per Sq. Ft. NA

Basic Wind Speed (mph) NA Effective Velocity Pressure Per Sq. Ft. NA

Floor Live Load Per Sq. Ft. NA

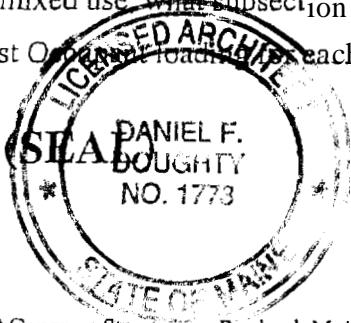
Structure has full sprinkler system? Yes No Alarm System? Yes No

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

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

List of rooms, each room or space, designed into this project. RM 1731-6, RM 1731A
10



Daniel F. Boughty
Designers Stamp & Signature



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: MAINE MEDICAL CENTER

RE: Certificate of Design

DATE: 1/20/05

These plans and / or specifications covering construction work on:

ANNEX B , FIRST LEVEL , ROOM 1731

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



Signature: Daniel F. Dayley

Title: Director - Facilities Development

Firm: Maine Medical Center

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.

Address: 22 Bramhall St.
Portland, ME 04102



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

ACCESSIBILITY CERTIFICATE

Designer: MAINE MEDICAL CENTER

Address of Project: 22 BRAMHALL ST.

Nature of Project: ANNEX B OFFICE RENOVATION

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: Daniel F. Doughty

Title: Director Facilities Development

Firm: Maine Medical Center

Address: 22 Bramhall St.
Portland, ME 04102

Phone: 207-662-2013