

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

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

|            |         |             |                                     |
|------------|---------|-------------|-------------------------------------|
| Permit No: | 05-0084 | Issue Date: | <b>PERMIT ISSUED</b><br>JAN 28 2005 |
|            |         |             | 053 D007 001                        |

|   |   |   |                               |
|---|---|---|-------------------------------|
| <b>Location of Construction:</b><br>2 Bramhall St | <b>Owner Name:</b><br>Maine Medical Center      | <b>Owner Address:</b><br>22 Bramhall St           | <b>Phone:</b>                 |
| <b>Business Name:</b>                             | <b>Contractor Name:</b><br>Langford & Low, Inc. | <b>Contractor Address:</b><br>PO Box 662 Portland | <b>Phone:</b><br>207 797 5141 |
| <b>Lessee/Buyer's Name</b>                        | <b>Phone:</b>                                   | <b>Permit Type:</b><br>Additions - Commercial     | <b>Zone:</b><br>R-6           |

|  |  |                               |                                    |                           |
|--|--|-------------------------------|------------------------------------|---------------------------|
| <b>Past Use:</b><br>Commercial Medical Ctr | <b>Proposed Use:</b><br>MMC R8 Consultation Room - Add 8' of partition wall, window & door | <b>Permit Fee:</b><br>\$75.00 | <b>Cost of Work:</b><br>\$5,100.00 | <b>CEO District:</b><br>2 |
|--|--|-------------------------------|------------------------------------|---------------------------|

|                                      |  |  |
|--------------------------------------|--|--|
| <b>Proposed Project Description:</b> | <b>FIRE DEPT:</b><br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied                     | <b>INSPECTION:</b><br>Use Group I-2 Type: 2B<br>1/23/05<br>Signature: <i>[Signature]</i> |
|                                      | Signature: <i>[Signature]</i>  | Signature: <i>[Signature]</i>  |
|                                      | Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied |  |
|                                      | Signature:   | Date:  |

|                                    |  |                        |  |
|------------------------------------|--|------------------------|--|
| <b>Permit Taken By:</b><br>Idobson | <b>Date Applied For:</b><br>01/26/2005 | <b>Zoning Approval</b> |  |
|------------------------------------|--|------------------------|--|

|   |   |  |  |
|---|---|--|--|
| <p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</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>Date: <i>[Signature]</i></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>Date:</p> | <p>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 <i>[Signature]</i></p> <p>Date:</p> |
|---|---|--|--|

**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

|                              |  |                            |
|------------------------------|--|----------------------------|
| <b>Permit No:</b><br>05-0084 | <b>Date Applied For:</b><br>01/26/2005 | <b>CBL:</b><br>053 D007001 |
|------------------------------|--|----------------------------|

|   |   |   |                                |
|---|---|---|--------------------------------|
| <b>Location of Construction:</b><br>2 Bramhall St | <b>Owner Name:</b><br>Maine Medical Center      | <b>Owner Address:</b><br>22 Bramhall St           | <b>Phone:</b>                  |
| <b>Business Name:</b>                             | <b>Contractor Name:</b><br>Langford & Low, Inc. | <b>Contractor Address:</b><br>PO Box 662 Portland | <b>Phone</b><br>(207) 797-5141 |
| <b>Lessee/Buyer's Name</b>                        | <b>Phone:</b>                                   | <b>Permit Type:</b><br>Additions - Commercial     |                                |

|  |   |
|--|---|
| <b>Proposed Use:</b><br>MMC R8 Consultation Room - Add 8' of partition wall, window & door | <b>Proposed Project Description:</b><br>Add 8' of partition wall, window & door |
|--|---|

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 01/26/2005  
**Note:**      **Okto Issue:**

**Dept:** Building      **Status:** Approved      **Reviewer:** Mike Nugent      **Approval Date:** 01/27/2005  
**Note:**      **Okto Issue:**

**Dept:** Fire      **Status:** Approved      **Reviewer:** Lt. MacDougal      **Approval Date:** 01/27/2005  
**Note:**      **Okto Issue:**



# 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<br>Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u> |  | Owner: <u>MAINE MEDICAL CENTER</u><br><u>Nancy Jones</u>   | Telephone: <u>871-6149</u>                  |
| Lessee/Buyer's Name (If Applicable)   | Applicant name, address & telephone:<br><u>LANCFOED &amp; HOW, INC.</u><br><u>248 WARREN AVE.</u><br><u>PORTLAND, ME. 04104</u><br><u>797-5141</u> |  | Cost Of Work: \$ <u>5,100.00</u><br>Fee: \$ |
| Current Specific use: <u>Off. Rm.</u>   |  |  |   |
| Proposed Specific use: <u>Consultation Rm.</u>                                      |  |  |   |
| Project description: <u>ADD 8' OF PARTITION WALL &amp; DOOR.</u>                    |  |  |   |
| Contractor's name, address & telephone:<br><u>me. 04104 797-5131</u>                |  | DEPT. OF BUILDING INSPECTION<br>CITY OF PORTLAND, ME<br>JAN 25 2005<br><u>RECEIVED</u><br><u>248 WARREN AVE. PORTLAND, ME.</u> |   |
| Who should we contact when the permit is ready:                                     |  | Phone: <u>797-5141</u>   |   |
| Mailing address:<br><u>248 WARREN AVE.</u><br><u>PORTLAND, ME 04104</u>             |  |  |   |

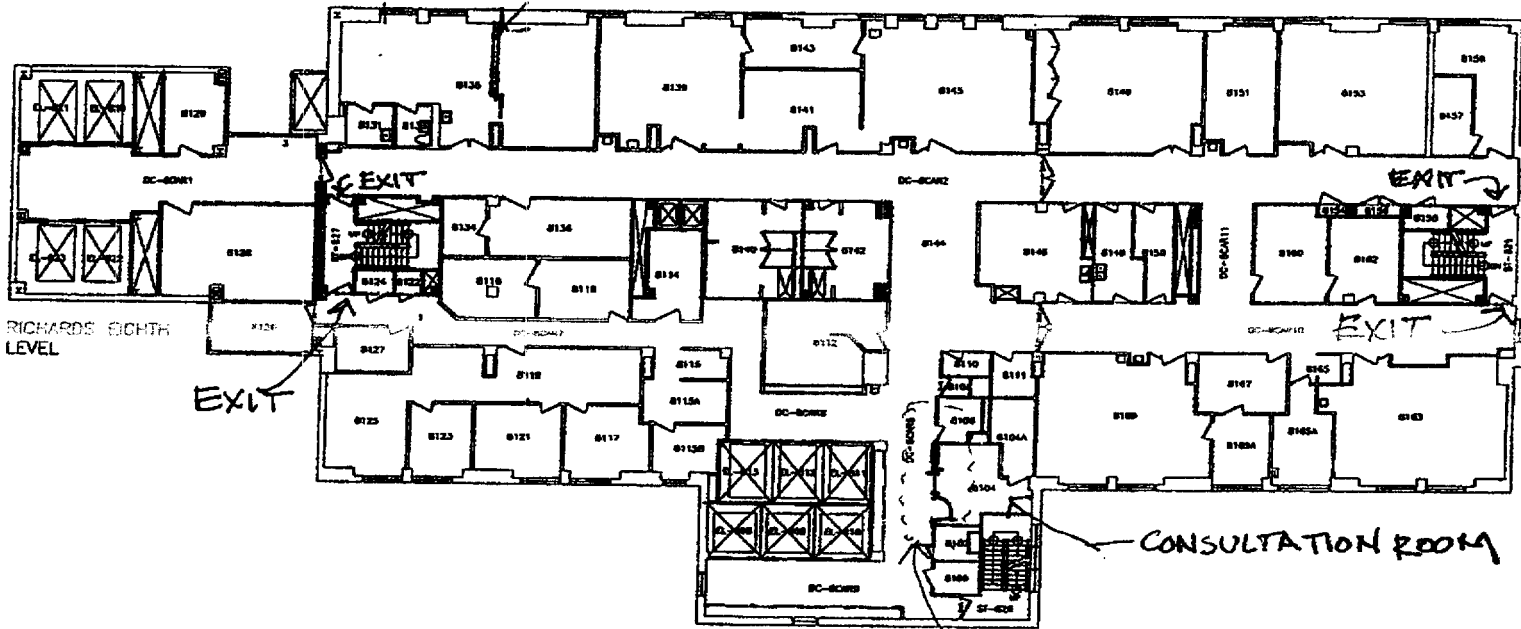
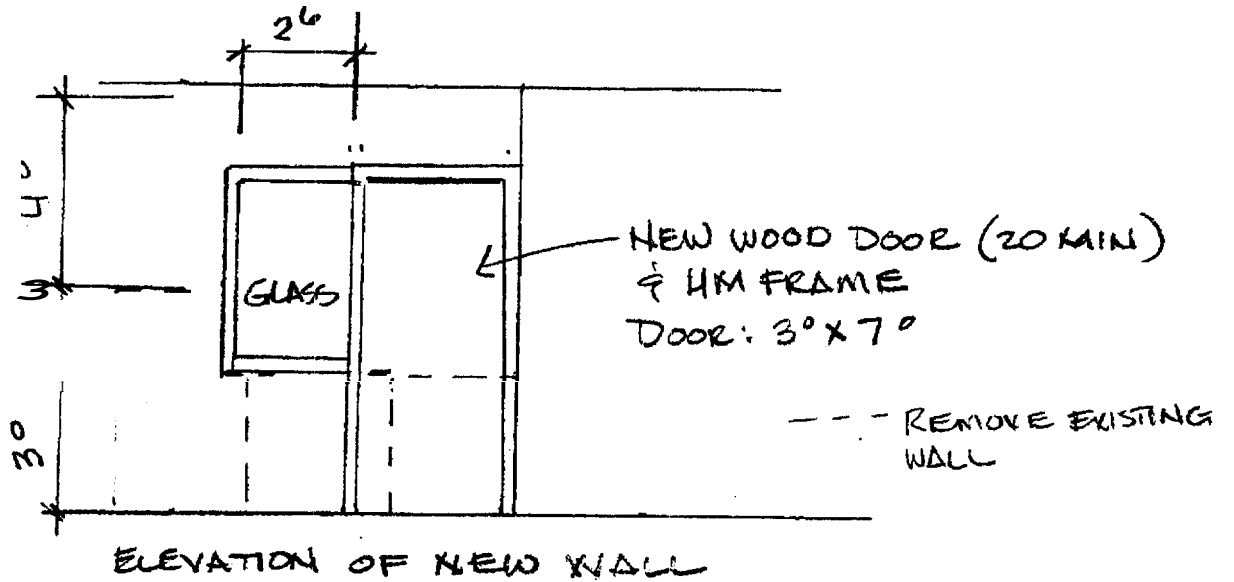
Please submit all of the information outlined in the Residential Application Checklist. Failure to do so will result in the automatic denial of your permit.

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.

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.**



RICHARDS CONSULTATION ROOM PROJECT  
RICHARDS BUILDING  
MAINE MEDICAL CENTER

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
JAN 25 2005  
RECEIVED

NEW WALL -  
35/8 MTL STUDS W/  
5/8" DRYWALL  
EACH SIDE  
W/ WINDOW &  
DOOR.

|                   |                |         |          |            |   |
|-------------------|----------------|---------|----------|------------|---|
| Post-it® Fax Note | 7671           | Date    | 1/18/05  | # of pages | 1 |
| To                | GLS DOUGHTY    | From    | N. JONES |            |   |
| Co./Dept.         | LANGFORD & LOW | Co.     | MMC      |            |   |
| Phone #           |                | Phone # |          |            |   |
| Fax #             |                | Fax #   |          |            |   |



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

\_\_\_\_\_ 1.25 \_\_\_\_\_ 20 05 \_\_\_\_\_

Received from Lanigan's & Sons, Inc

Location of Work 22 Cranhall St

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 75.00

Building (IL) \_\_\_ Plumbing (I5) \_\_\_ Electrical (I2) \_\_\_ Site Plan (U2) \_\_\_

Other \_\_\_\_\_

CBL: 55 D 7

Check #: 26751

Total Collected \$ 75.00

# 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