

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: 05174
DEC - 5 2005
CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER Herbert Construction, LLC
has permission to Tenant renovations Vacant ground floor space into employee lounge & locker room

AT 3 BRAMHALL ST PORTLAND, ME 05310 D007001

provided that the person or persons firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of the State 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 procured before this building or part thereof is altered or closed-in. **24 HOUR 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. Greg Case 12-1-05
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Gregory A. Case 12/2/05
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: 05-1741	Issue Date PERMIT ISSUED DEC - 3 2005	053 1007001
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Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 005
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077033091
Alterations - Commercial			Zone: C-41

Past Use: Commercial / Maine Medical Ctr	Proposed Use: Maine Medical Ctr. / Tenant renovations Vacant ground floor space into employee lounge & locker room	Permit Fee: \$426.00	Cost of Work: \$45,000.00	CEO District: 2	
Proposed Project Description: locker room		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 6 area class	INSPECTION: Use Group I-2 Type: 2B 12/2/05		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____					

Permit Taken By: Idobson	Date Applied For: 12/01/2005	Zoning Approval		
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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 checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 12/1/05	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 Landmark <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:
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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 _____

City of Portland, Maine - Building or Use Permit

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

Permit No: 05-1741	Date Applied For: 12/01/2005	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. / Tenant renovations Vacant ground floor space into employee lounge & locker room	Proposed Project Description: Tenant renovations Vacant ground floor space into employee lounge & locker room
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 12/01/2005	Note:	Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 12/02/2005	Note:	Ok to Issue: <input type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Cptn Greg Cass	Approval Date: 12/01/2005	Note: 1) All building construction to comply with NFPA 101	Ok to Issue: <input checked="" type="checkbox"/>



