

# 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 2 BRAMHALL ST PORTLAND, ME 05311 D007001

provided that the person or persons in firm or organization 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 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 Cass 12-1-05  
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: 05-1741	Issue Date: <b>PERMIT ISSUED</b> DEC - 5 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: 207 783 3091
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 207 783 3091
Lessee/Buyer's Name	Phone:	Permit Type: 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
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied TO NFPA 101	INSPECTION: Use Group: I-2 Type: 2B 12/2/05	

Proposed Project Description: Tenant renovations Vacant ground floor space into employee lounge & locker room	Signature: <i>Greg Cass</i>	Signature: <i>Ally August</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: 12/01/2005	<b>Zoning Approval</b>		
<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	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 checked="" type="checkbox"/> MM Date: <i>12/1/05</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 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:	

**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

<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> Herbert Construction, LLC	<b>Contractor Address:</b> 9 Gould Road Lewiston	<b>Phone</b> 2077832091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b>

<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 12/01/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 12/02/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 12/01/2005
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All building construction to comply with NFPA 101			

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ADDRESS

DATE

PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

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

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

<b>Permit No:</b> 05-1741	<b>Date Applied For:</b> 12/01/2005	<b>CBL:</b> 053 D007001
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<b>Business Name:</b>	<b>Contractor Name:</b> Herbert Construction, LLC	<b>Contractor Address:</b> 9 Gould Road Lewiston	<b>Phone:</b> (207) 783-2091
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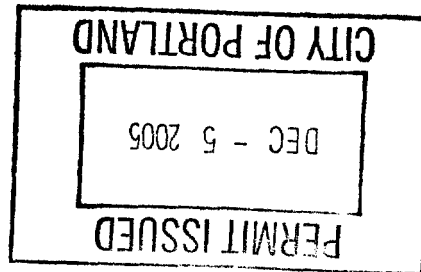
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<b>Proposed Use:</b> Maine Medical Ctr. / Tenant renovations Vacant ground floor space into employee lounge & locker room	<b>Proposed Project Description:</b> Tenant renovations Vacant ground floor space into employee lounge & locker room
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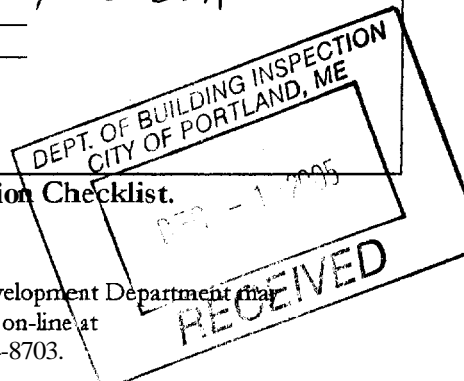




# General Building Permit Application

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.

<i>MAINE</i>		
Total Square Footage of Proposed Structure <i>~ 1000 SF +/-</i>		Square Footage of Lot <i>N/A - INTERIOR FIT OF EXISTING SPACE</i>
Tax Assessor's Chart, Block & Lot Chart## <i>53</i> Block# <i>D</i> Lot# <i>7</i>	Owner: <i>MAINE MEDICAL</i>	Telephone: <i>662-</i>
Lessee/Buyer's Name (If Applicable) <i>n/a</i>	Applicant name, address & telephone: <i>HEBERT CONST. CORP. 1 GOULD RD. LEWISTON, ME 04240</i>	Cost Of Work: \$ <i>45,000</i> Fee: \$ _____ C of O Fee: \$ <i>426<sup>2</sup>/100</i>
Current Specific use: <i>EMPTY/STORAGE</i> Proposed Specific use: <i>EMPLOYEE LOCKER ROOM/LOUNGE</i>		
Project description: <i>RENOVATE VACANT SPACE INTO EMPLOYEE LOUNGE/LOCKER ROOM Ground Floor</i>		
Contractor's name, address & telephone: <i>HEBERT CONST. CORP., 9 GOULD RD, LEWISTON, ME 207/783.2091</i>		
Who should we contact when the permit is ready: <i>DAVE MOORE</i>		Phone: <i>207/212-2173</i>
Mailing address: <i>SAME AS ABOVE</i>		



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

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), 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: <i>Dave Moore</i>	Date: <i>12/1/05</i>
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**This is not a permit; you may not commence ANY work until the permit is issued.**

# 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.

- Footing/Building Location Inspection; Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- 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

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

N/A CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

*David R. Moore* 12-5-05  
Signature of Applicant/Designee Date  
*Donna Martin Admin* 12 5 05  
Signature of Inspections Official Date

CBL: 53 N 007 Building Permit #: 05 J741



## LOCKER ROOM SWING SPACE WORK SCOPES

### CARPENTRY/FINISHES

1. Furnish and Install new 6" separation wall as shown. Interior to be ½" gypsum wall board finish, tape and spackle ready-for-paint. Insulate with R-19 fiberglass batt (future temporary exterior wall as part of Charles St. Building). Furnish and Install new 4" wall to divide Wheelchair Storage and Temporary Construction Staging areas. Finish Wheelchair Storage side only with ½" gypsum wall board finish, tape and spackle ready-for-paint.
2. Furnish and Install new 36" wide doors, frames, and hardware in the new 6" wall above. Furnish and Install new door and hardware to fit existing frame for Women's Locker Room.
3. Demo access holes for new plumbing and electrical as required. Patch, repair, and re-finish after inspection and signoff. Coordinate all work with respective trades.
4. Patch, repair, and re-paint all rooms in area with fresh coat of paint, color to match hospital standard.
5. Inspect, replace, and rearrange all door locksets to comply with intended usage of new room layout.
6. Apply epoxy paint to walls of Shower Room.
7. Furnish and Install wet wall as required for installation of shower unit in Shower Room – Paint Finish.
8. Remove old, and Furnish and Install new moisture-resistant acoustical ceiling tile in the new Shower Room. Remove and replace any damaged or stained acoustical tiles in new swing space area.
9. Remove all lockers, benches, tables, chairs, shelves, bulletin boards, computer stands, computers, television, phones, kitchen cabinets, microwave, refrigerator, and other miscellaneous items from the existing Employee Lounge and relocate to new swing space. Install lockers in similar configuration in the new space as in existing. Hang shelves, coat hooks/racks, and set benches in locker rooms. Install television on wall bracket in location shown. Install kitchen cabinets and appliances in area shown. If necessary, furnish and install new countertop to fit new space.
10. Coordinate all permits and inspections as required.

### PLUMBING/HVAC

1. Furnish and Install new shower in Shower Room. This includes all fixtures, water supply runs, and drain tie-ins.

2. Furnish and Install new extension to exhaust duct from new Shower Room ceiling fan location. Coordinate equipment interface with electrician.
3. Design, Furnish and Install new transfer duct(s) in new 6" wall to accommodate splitting of open controlled space HVAC control and balance. Provide grill for Lounge side of room with decorative trim plate to match finish.
4. Remove and reinstall stainless sink and faucet from existing lounge area to new kitchen area. This includes all fixtures, water supply runs, and drain tie-ins.
5. Coordinate all permits and inspections as required. Coordinate work with other trades.

## ELECTRICAL/TEL-DATA

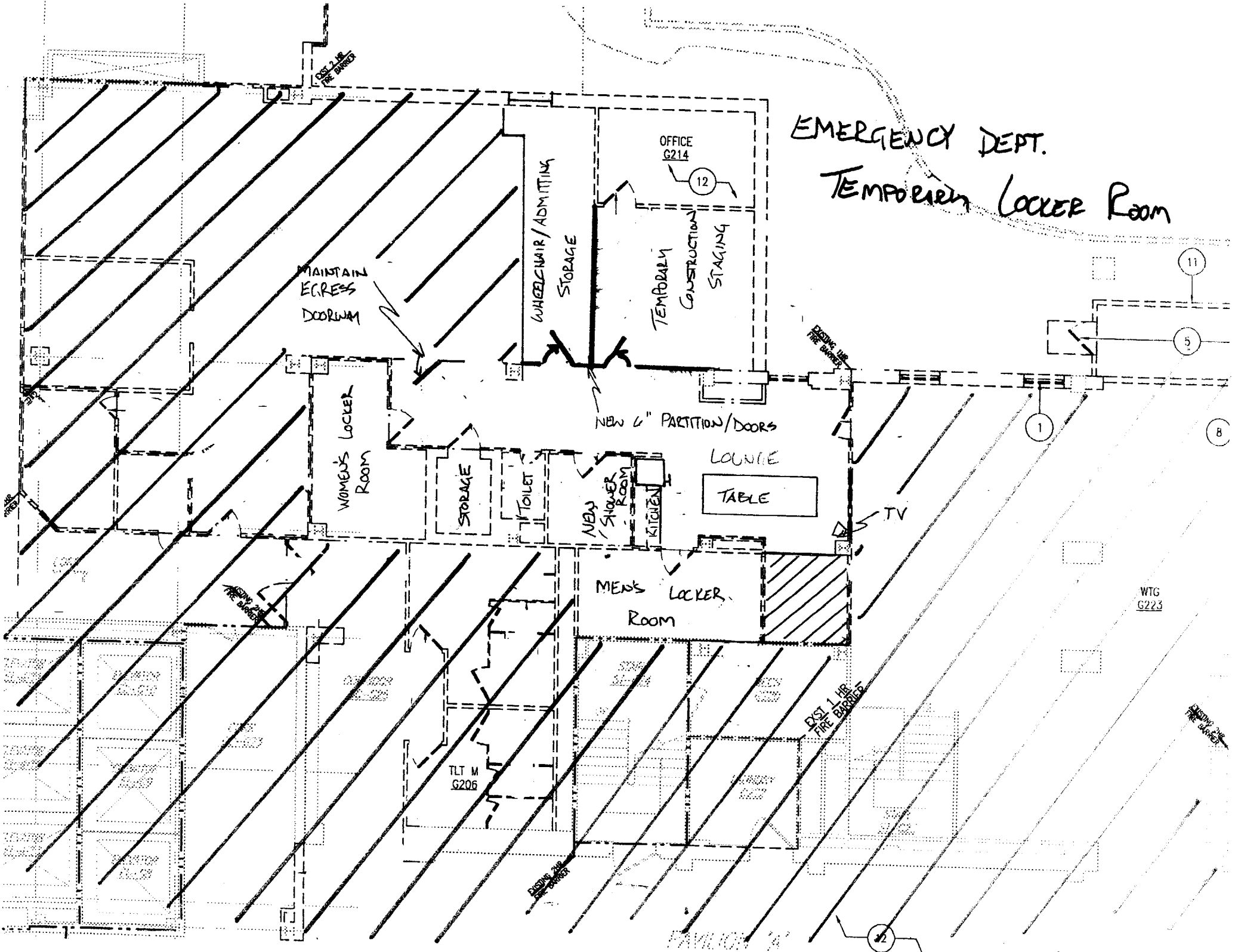
1. Shower Room: Remove and relocate smoke detector to Lounge Area. Tie – in to building fire alarm system as required. Install Fire Alarm Strobe per code requirements. Remove existing, and Furnish and Install new vapor-proof light and exhaust fan, install switches as necessary. Replace, Furnish and Install GFI receptacles where required.
2. Locker Rooms: Furnish and install fire alarm strobes and smoke detectors. Tie – in to building fire alarm system as required.
3. Toilet Room: Furnish and install fire alarm strobe. Tie – in to building fire alarm system as required.
4. Lounge: Remove and reset EXIT sign adjacent to egress door. Remove and reset ceiling light fixtures to accommodate new 6" wall. Install wiring and connections to accommodate all services currently in use in the existing lounge, including but not limited to: CATV, Tel/Data, Nurses Call, Physician's Tracking System, and Overhead Paging System.

## GENERAL

1. Schedule: Work to Commence on or about November 28<sup>th</sup>, 2005 and complete December 23<sup>rd</sup>, 2005. The actual move date and relocation of fixtures and equipment may occur after the proposed end date, as MMC's discretion. It is anticipated that work can be completed during normal working hours.
2. A dumpster will be provided for trash disposal. Contractors are responsible for removal of their debris from the space and depositing it in the dumpster.
3. Asbestos removal (if required) will be done by Maine Medical Center.
4. Per MMC, sprinklers are not required.
5. Per MMC, ADA is not required or applicable to bathroom and shower space.



EMERGENCY DEPT.  
TEMPORARY LOCKER ROOM



OFFICE  
G214

12

WHEELCHAIR/  
ADMITTING  
STORAGE

TEMPORARY  
CONSTRUCTION  
STAGING

MAINTAIN  
EGRESS  
DOORWAY

WOMEN'S  
LOCKER  
ROOM

NEW 6" PARTITION/DOORS

LOUNGE

TABLE

TV

MEN'S  
LOCKER  
ROOM

NEW  
SHOWER  
ROOM

KITCHEN

TOILET

STORAGE

WTG  
G223

TLT M  
G206

EXIST 1" FIRE  
BARRIERS

PAVILION 'A'

12

11

5

1

8

EXISTING 1" FIRE  
BARRIERS



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

12.1 20 05

Received from David R Moore

Location of Work MHC

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

Permit Fee \$ 426<sup>00</sup>/100

Building (I1) \_\_\_\_\_ Plumbing (I5) \_\_\_\_\_ Electrical (I2) \_\_\_\_\_ Site Plan (U2) \_\_\_\_\_

Other \_\_\_\_\_

CBL: 53D7

Check #: CC

Total Collected \$ 426<sup>00</sup>/100

# 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