

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING PERMIT

Permit Number: 100084

This is to certify that MAINE MEDICAL CENTER Robert Co LLC  
has permission to Build 2 new walls, install door, finish interior finish to create Reading Room  
AT 22 BRAMHALL ST Epilepsy Reading Room CB 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 occupied for other than the use stated in the permit. 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] (292) FEB 11 2010

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name CITY OF PORTLAND

[Signature] 2/9/10  
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:<br>10-0084 | Issue Date: | CBL:<br>053 D007001 |
|-----------------------|-------------|---------------------|

|  |   |  |                     |
|--|---|--|---------------------|
| Location of Construction: <i>6th floor</i><br>22 BRAMHALL ST Epilepsy Read | Owner Name:<br>MAINE MEDICAL CENTER           | Owner Address:<br>22 BRAMHALL ST             | Phone:              |
| Business Name:   | Contractor Name:<br>Herbert Construction, LLC | Contractor Address:<br>9 Gould Road Lewiston | Phone<br>2077832091 |
| Lessee/Buyer's Name  | Phone:  | Permit Type:<br>Alterations - Commercial     | Zone:<br><i>C-4</i> |

|  |   |                         |                              |                    |
|--|---|-------------------------|------------------------------|--------------------|
| Past Use:<br>Maine Medical Ctr - Waiting Room<br>Richards Wing 6 Floor | Proposed Use:<br>Maine Medical Ctr - Epilepsy<br>Reading Room Richards Wing 6<br>Floor - Build 2 new walls, install<br>door, refinish interior finishes to<br>create Reading Room | Permit Fee:<br>\$270.00 | Cost of Work:<br>\$25,000.00 | CEO District:<br>2 |
|--|---|-------------------------|------------------------------|--------------------|

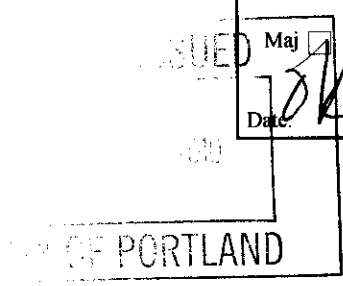
**Proposed Project Description:**  
Build 2 new walls, install door, refinish interior finishes to create Reading Room

|   |   |
|---|---|
| FIRE DEPT:<br><i>w/conditions</i><br><input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br><i>2/2/2010</i> | INSPECTION:<br>Use Group: <i>I-2</i> Type: <i>IB</i><br><i>IBC-2003</i> |
| Signature: <i>[Signature]</i>   | Signature: <i>JMB 2/9/10</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:<br>Ldobson | Date Applied For:<br>01/29/2010 |
|-----------------------------|---------------------------------|

**Zoning Approval**

|   |  |  |   |
|---|--|--|---|
| <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> <input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br><input type="checkbox"/> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM | <p><b>Zoning Appeal</b></p> <input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied | <p><b>Historic Preservation</b></p> <input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied |
|   | <p>ISSUED</p> <p>Date: <i>1/29/10</i></p>  | <p>Date: _____</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.

|  |                  |                |                |
|--|------------------|----------------|----------------|
| _____<br>SIGNATURE OF APPLICANT                      | _____<br>ADDRESS | _____<br>DATE  | _____<br>PHONE |
| _____<br>RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE | _____<br>DATE    | _____<br>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>10-0084 | <b>Date Applied For:</b><br>01/29/2010 | <b>CBL:</b><br>053 D007001 |
|------------------------------|--|----------------------------|

|   |  |   |                                |
|---|--|---|--------------------------------|
| <b>Location of Construction:</b><br>22 BRAMHALL ST Epilepsy Readi | <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>Herbert Construction, LLC | <b>Contractor Address:</b><br>9 Gould Road Lewiston | <b>Phone</b><br>(207) 783-2091 |
| <b>Lessee/Buyer's Name</b>  | <b>Phone:</b>  | <b>Permit Type:</b><br>Alterations - Commercial     |                                |

|  |  |
|--|--|
| <b>Proposed Use:</b><br>Maine Medical Ctr - Epilepsy Reading Room Richards Wing 6 Floor - Build 2 new walls, install door, refinish interior finishes to create Reading Room | <b>Proposed Project Description:</b><br>Build 2 new walls, install door, refinish interior finishes to create Reading Room |
|--|--|

|  |   |                                  |                                  |              |   |
|--|---|----------------------------------|----------------------------------|--------------|---|
| <b>Dept:</b> Zoning  | <b>Status:</b> Approved                 | <b>Reviewer:</b> Marge Schmuckal | <b>Approval Date:</b> 01/29/2010 | <b>Note:</b> | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| <b>Dept:</b> Building  | <b>Status:</b> Approved with Conditions | <b>Reviewer:</b> Jeanine Bourke  | <b>Approval Date:</b> 02/09/2010 | <b>Note:</b> | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| 1) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process.<br>2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work. |   |                                  |                                  |              |   |
| <b>Dept:</b> Fire  | <b>Status:</b> Approved with Conditions | <b>Reviewer:</b> Ben Wallace Jr. | <b>Approval Date:</b> 02/02/2010 | <b>Note:</b> | <b>Ok to Issue:</b> <input checked="" type="checkbox"/> |
| 1) All construction shall comply with NFPA 1 and 101.  |   |                                  |                                  |              |   |

**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**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.**

  X   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

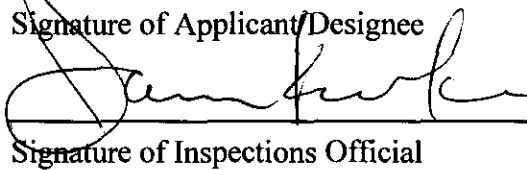
  X   **Final inspection required at completion of work.**

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.

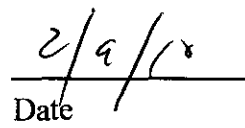
**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

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

\_\_\_\_\_  
Signature of Applicant/Designee



\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Inspections Official



# 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.

|  |  |  |
|--|--|--|
| Location/Address of Construction: <u>22 Bramhall Street</u>  |  |  |
| Total Square Footage of Proposed Structure/Area  |  | Square Footage of Lot  |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>  | Applicant * <b>must</b> be owner, Lessee or Buyer*<br>Name <u>Maine Medical Center</u><br>Address <u>22 Bramhall Street</u><br>City, State & Zip <u>Portland, ME</u> | Telephone:<br><u>207-662-3323</u>  |
| Lessee/DBA (If Applicable)   | Owner (if different from Applicant)<br>Name<br>Address<br>City, State & Zip  | Cost Of Work: \$ <u>25,000.00</u><br>C of O Fee: \$ _____<br>Total Fee: \$ <u>270.00</u> |
| Current legal use (i.e. single family) <u>Waiting Area</u><br>If vacant, what was the previous use? _____<br>Proposed Specific use: <u>Epilepsy Reading Room</u><br>Is property part of a subdivision? <u>NO</u> If yes, please name _____<br>Project description: <u>Build two (2) new walls - install door - refinish interior finishes.</u> |  |  |
| Contractor's name: <u>Hebert Construction LLC</u><br>Address: <u>9 Gould Road</u><br>City, State & Zip <u>Lewiston, ME 04240</u><br>Who should we contact when the permit is ready: <u>Dave Moore</u> Telephone: <u>207-783-2091</u><br>Mailing address: <u>9 Gould Road, Lewiston ME</u> Telephone: <u>207-212-2173</u>                       |  |  |

**RECEIVED**  
JAN 29 2010  
Dept. of Building Inspections  
City of Portland, Maine

**Please submit all of the information outlined on the applicable 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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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: Daniel R. Hebert Date: 1/27/10

**This is not a permit; you may not commence ANY work until the permit is issue**



**HEBERT CONSTRUCTION, LLC**  
 9 Gould Road  
 Lewiston, ME 04240  
 Tel: (207) 783-2091 Fax: (207) 782-6636

9 Gould Road  
 Lewiston, ME 04240  
 Ph : (207) 783-2091

**Letter of Transmittal**

**To:** Jeanie Bourke  
 City of Portland  
 Planning & Urban Development  
 Inspections Division  
 389 Congress Street, Rm. 315  
 Portland, ME 04101

**Transmittal #:** 1  
**Date:** 1/27/2010  
**Job:** 100011 MMC Epilepsy Reading Room

**Subject:** MMC Epilepsy Reading Room

- WE ARE SENDING YOU**
- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Shop drawings  | <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Under separate cover via | <input type="checkbox"/> None the following items: |
| <input type="checkbox"/> Copy of letter | <input type="checkbox"/> Prints              | <input type="checkbox"/> Plans                    | <input type="checkbox"/> Samples                   |
|   | <input type="checkbox"/> Change order        | <input type="checkbox"/> Specifications           | <input type="checkbox"/> Other                     |

| Document Type      | Copies | Date    | No. | Description                         |
|--------------------|--------|---------|-----|-------------------------------------|
| CD                 | 1      |         | N/A | CD                                  |
| Check              | 1      | 1/27/10 |     | Check for Permit Fee                |
| Permit Application | 1      | 1/27/10 |     | General Building Permit Application |
| Drawing            | 1      |         |     | Dws T-1, A-1, A-2                   |

**THESE ARE TRANSMITTED as checked below:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> For approval | <input type="checkbox"/> Approved as submitted            | <input type="checkbox"/> Resubmit ___ copies for approval   |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted                | <input type="checkbox"/> Submit ___ copies for distribution |
| <input type="checkbox"/> As requested            | <input type="checkbox"/> Returned for corrections         | <input type="checkbox"/> Return ___ corrected prints        |
| <input type="checkbox"/> For review and comment  | <input type="checkbox"/> Other                            |   |
| <input type="checkbox"/> FOR BIDS DUE            | <input type="checkbox"/> PRINTS RETURNED AFTER LOAN TO US |   |

**Remarks:**

**Copy To:**

**From:** Daniel Hebert (Hebert Construction)

**Signature:** 







