•	of Portland, Maine - Bu	U			Per	rmit No: 06-1779	Issue Dat	e:	CBL: 053 D00	77001	
	Congress Street, 04101 Tel		Fax: (2	207) 874-8716						7/001	
Location of Construction: 2 BRAMHALL ST			Owner Name: MAINE MEDICAL CENTER		Owner Address: 22 BRAMHALL ST			Phone:			
Business Name:			Contractor Name:		Contractor Address:				Phone		
			Herbert Construction, LLC			9 Gould Road Lewiston			2077832091		
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Alterations - Commercial					Zone:	
Past Use: Commercial / Maine Med Radiation Therapy		Proposed Use: on Me Med Radia	Proposed Use: Me Med Radiation Therapy - New Nurse Station & Interior Finishes - in basement		Perm	Permit Fee: Cost of Wor \$1,330.00 \$131,00					
		Nurse Station			FIRE			INSPECTION:			
		in basement					Use Gro	Jse Group Type			
Propos	sed Project Description:				_						
	Nurse Station & Interior Fini	shes - in basement	- in basement		Signature:		Signature:				
					PEDESTRIAN ACTIVITIES DISTRI			TRICT (F	ICT (P.A.D.)		
					Action Approved Approved Approved			proved w	ved w/Condition Denied		
					Signature:				Date:		
Permit ldob	-	te Applied For: 2/13/2006	Zoning Approval				l				
1. T	This permit application does	not preclude the	Spec	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
A	Applicant(s) from meeting applicable State and Federal Rules.			☐ Shoreland		☐ Variance			☐ Not in District or Landn		
	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneou			Does Not Require Revie			
3. E	Building permits are void if within six (6) months of the d		☐ FI	ood Zon		Condition	onal Us		Requires Rev	view	
	Palse information may invalid ermit and stop all work	late a building	Subdivision			☐ Interpretati			Approved		
			Site Plan		Approved			Approved w/Condition			
			Ma [Mino M		☐ Denied			Denied		
			Date:			Date:		Da	ate:		
I have jurisdi shall h	by certify that I am the owne been authorized by the owne ction. In addition, if a permi have the authority to enter all in permit.	er to make this appl t for work described	amed proication a	as his authorized application is iss	ne prop d agent sued, I	t and I agree t certify that th	to conform t ne code offic	to all ap	plicable laws of thorized repres	of this sentative	
SIGNA	ATURE OF APPLICAN			ADDRES	S		DATE	3	P	НО	

Location of Construct	ion:	Owner Name:		Owner Address:		Phone:	
2 BRAMHALL ST		MAINE MEDICAL CENTER		22 BRAMHALL ST			
Business Name:		Contractor Name:		Contractor Address:		Phone	
		Herbert Construction, I	LC	9 Gould Road Lewiston		2077832091	l
Lessee/Buyer's Name		Phone:		Permit Type:		•	Zone:
				Alterations - Commercia	1		
Dept: Zoning	Status:	Approved	Reviewer	: Marge Schmuckal	Approval Dat	te: 12/1	4/2006
Note:		11		C		Ok to Issue	:
Dept: Building	Status	Approved	Doviorno	. M'I . N'	4 10	10.0	
Dept. Dunuing					Annroval I lat	f ∆• [′)/′)	3/2006
•		прриотец	Reviewer	: Mike Nugent	Approval Dat		3/2006
Note:				: Mike Nugent		Ok to Issue	
Note:		ok, no conditions. PER MII		: Mike Nugent			
Note:	05 MMCboth o		KE NUGENT	Ü		Ok to Issue	
Note: 1) 061779 and 06186	05 MMCboth o	ok, no conditions. PER MII	KE NUGENT	Ü	Approval Dat	Ok to Issue	8/2006
Note: 1) 061779 and 06180 Dept: Fire Note: 1) The sprinkler sys	O5 MMCboth of Status:	ok, no conditions. PER MII	KE NUGENT s Reviewer NFPA 13.	: Cptn Greg Cass	Approval Dat	Ok to Issue te: 12/1	8/2006
Note: 1) 061779 and 06180 Dept: Fire Note: 1) The sprinkler system A fire alarm system.	Status: A stem shall be instem shall be insta	ok, no conditions. PER MII Approved with Condition talled in accordance with	KE NUGENT Reviewer NFPA 13. IFPA 72 with a	: Cptn Greg Cass	Approval Dat	Ok to Issue te: 12/1	8/2006

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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	