



<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> 12/14/2006
<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> 12/23/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) 061779 and 061805 MMC--both ok, no conditions. PER MIKE NUGENT			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 12/18/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) The sprinkler system shall be installed in accordance with NFPA 13. A fire alarm system shall be installed in accordance with NFPA 72 with a Masterbox connection.			
2) All construction shall comply with NFPA 101 and NFPA 99			
3) Application requires State Fire Marshal approval.			

### 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.

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO