

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

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

<b>Permit No:</b> 06-1805	<b>Issue Date:</b>	<b>CBL:</b> 053 D007001
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<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> Hebert Construction LLC	<b>Contractor Address:</b> 9 Gould Rd. Lewiston	<b>Phone</b> 2077832091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b>

<b>Past Use:</b> Commercial / Acute Care for the Elderly	<b>Proposed Use:</b> Commercial / Acute Care for the Elderly interior renovations	<b>Permit Fee:</b> \$7,270.00	<b>Cost of Work:</b> \$725,000.00	<b>CEO District:</b> 2
		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group                      Type
<b>Proposed Project Description:</b> Interior renovations		Signature:		Signature:
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied				
Signature:		Date:		

<b>Permit Taken By:</b> dmartin	<b>Date Applied For:</b> 12/19/2006	<b>Zoning Approval</b>		
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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..	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland  <input type="checkbox"/> Wetland  <input type="checkbox"/> Flood Zon  <input type="checkbox"/> Subdivision  <input type="checkbox"/> Site Plan  Ma <input type="checkbox"/> Mino <input type="checkbox"/> M <input type="checkbox"/>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance  <input type="checkbox"/> Miscellaneous  <input type="checkbox"/> Conditional Us  <input type="checkbox"/> Interpretati  <input type="checkbox"/> Approved  <input type="checkbox"/> Denied	<b>Historic Preservation</b> <input type="checkbox"/> Not in District or Landma  <input type="checkbox"/> Does Not Require Revie  <input type="checkbox"/> Requires Review  <input type="checkbox"/> Approved  <input type="checkbox"/> Approved w/Condition  <input type="checkbox"/> Denied
	Date:	Date:	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 APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO

<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> Hebert Construction LLC	<b>Contractor Address:</b> 9 Gould Rd. 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> 12/20/2006
<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> 12/21/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All construction shall comply with NFPA 101			
2) 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.			
3) Application requires State Fire Marshal approval.			

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