

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
 Application And
 Notes, If Any,
 Attached

BUILDING INSPECTION
PERMIT

Permit Number: 070086

PERMIT ISSUED

FEB 2 2007

CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER Langford & Low, Inc.

has permission to Replace Acoustical Ceilings and sprinkler heads

AT 2 BRAMHALL ST

053 D007001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State 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 is granted 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. Craig Cross

Health Dept. _____

Appeal Board _____

Other _____

Department Name

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: 07-0086	Issue Date:	CBL: 053 D007001
-----------------------	-------------	---------------------

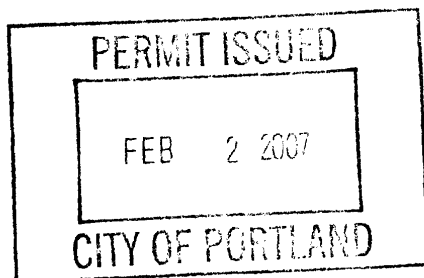
Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C41

Past Use: Commercial - ME MED - Richards Wing	Proposed Use: Commercial - ME MED - Richards Wing 9th Floor- Replace Acoustical Ceilings add sprinkler heads	Permit Fee: \$1,020.00	Cost of Work: \$100,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 2B IBC 2003	

Proposed Project Description: Replace Acoustical Ceilings add sprinkler heads	Signature: <i>[Signature]</i>	Signature: <i>[Signature]</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: ldobson	Date Applied For: 01/26/2007	Zoning Approval
-----------------------------	---------------------------------	------------------------

<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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.. 	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 type="checkbox"/> MM <input type="checkbox"/> Date: <i>1/26/07</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: <i>[Signature]</i>
---	--	---	---



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

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-0086	Date Applied For: 01/26/2007	CBL: 053 D007001
------------------------------	--	----------------------------

Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial - ME MED - Richards Wing 9th Floor- Replace Acoustical Ceilings add sprinkler heads	Proposed Project Description: Replace Acoustical Ceilings add sprinkler heads
--	---

Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 01/26/2007
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 02/02/2007
Note: **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the required rating.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 01/30/2007
Note: **Ok to Issue:**

- 1) Application requires State Fire Marshal approval.
- 2) Sprinkler system shall comply with NFPA 13



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 9th FLOOR</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>S3</u> Block# <u>1</u> Lot# <u>7</u>	Owner: <u>MAINE MEDICAL CENTER</u> <u>22 BRAMHALL ST.</u> <u>PORTLAND, ME 04102</u>	Telephone: <u>602-4118</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>HANUS SERCEL & CO</u> <u>248 WARREN AVE.</u> <u>PORTLAND, ME 04101</u>	Cost Of Work: \$ <u>100,000</u> Fee: \$ <u>1000</u> C of O Fee: \$ _____
Current Specific use: <u>PATIENT CARE</u>	If vacant, what was the previous use? <u>Richards Wing-</u>	
Proposed Specific use: <u>PATIENT CARE</u>		
Project description: <u>Replace Acoustical Ceilings</u> <u>Add sprinkler heads</u>		
Contractor's name, address & telephone: <u>LANGEFORD + ASSOC 248 WARREN AVE, PORTLAND, ME</u> <u>04101 - 7975141</u>		
Who should we contact when the permit is ready: <u>GUS DOUGHTY</u>		Phone: <u>7975141</u>
Mailing address: _____		

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 or to download copies of this form and other applications visit the Inspections Division on-line at 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 of applicant: _____

Date: 1-25-07

This is not a permit; you may not commence ANY work until the permit is issued.



Accessibility Building Code Certificate

Designer: Winton Scott Architects

Address of Project: MMC R9 22 Bramhall St.

Nature of Project: Renovation

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: Mark Wilcox

Title: Principal

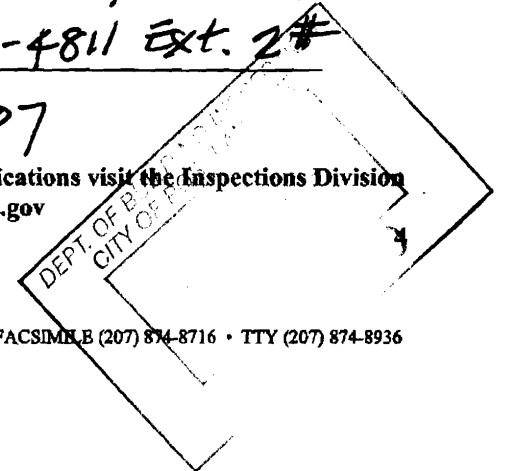
Firm: Winton Scott Architects

Address: 5 Milk St.
Portland, ME 04101

Phone: 774-4811 ext. 2#

Date: 1.22.07

For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov





Certificate of Design

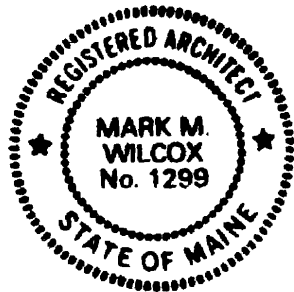
Date: 1.22.07

From: Winton Scott Architects

These plans and / or specifications covering construction work on:

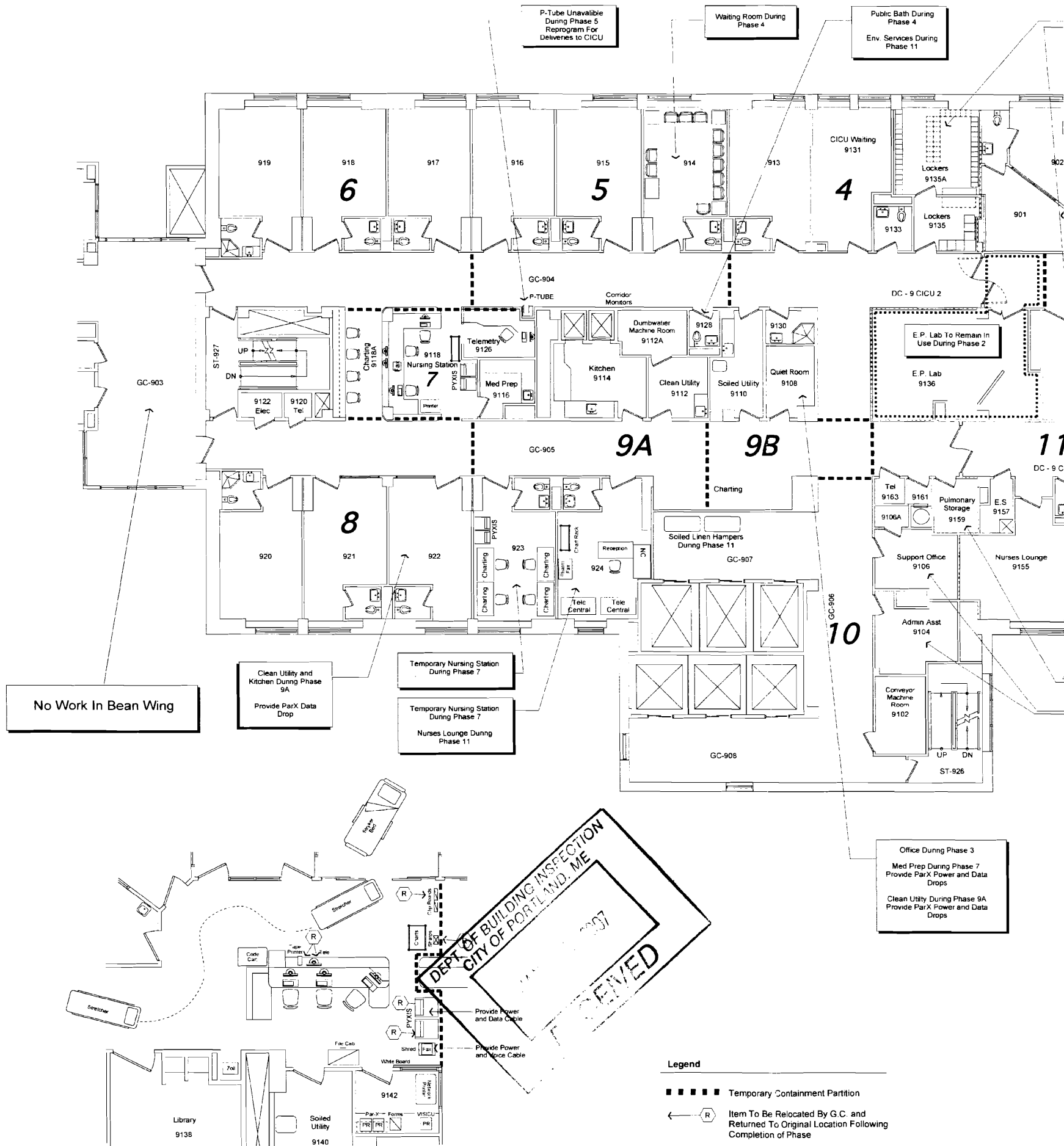
MMC R9 Renovation

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



Signature: Mark Wilcox
Title: Principal
Firm: Winton Scott Architects
Address: 5 Milk St.
Portland, ME 04101
Phone: 774-4811 Ext. 2#

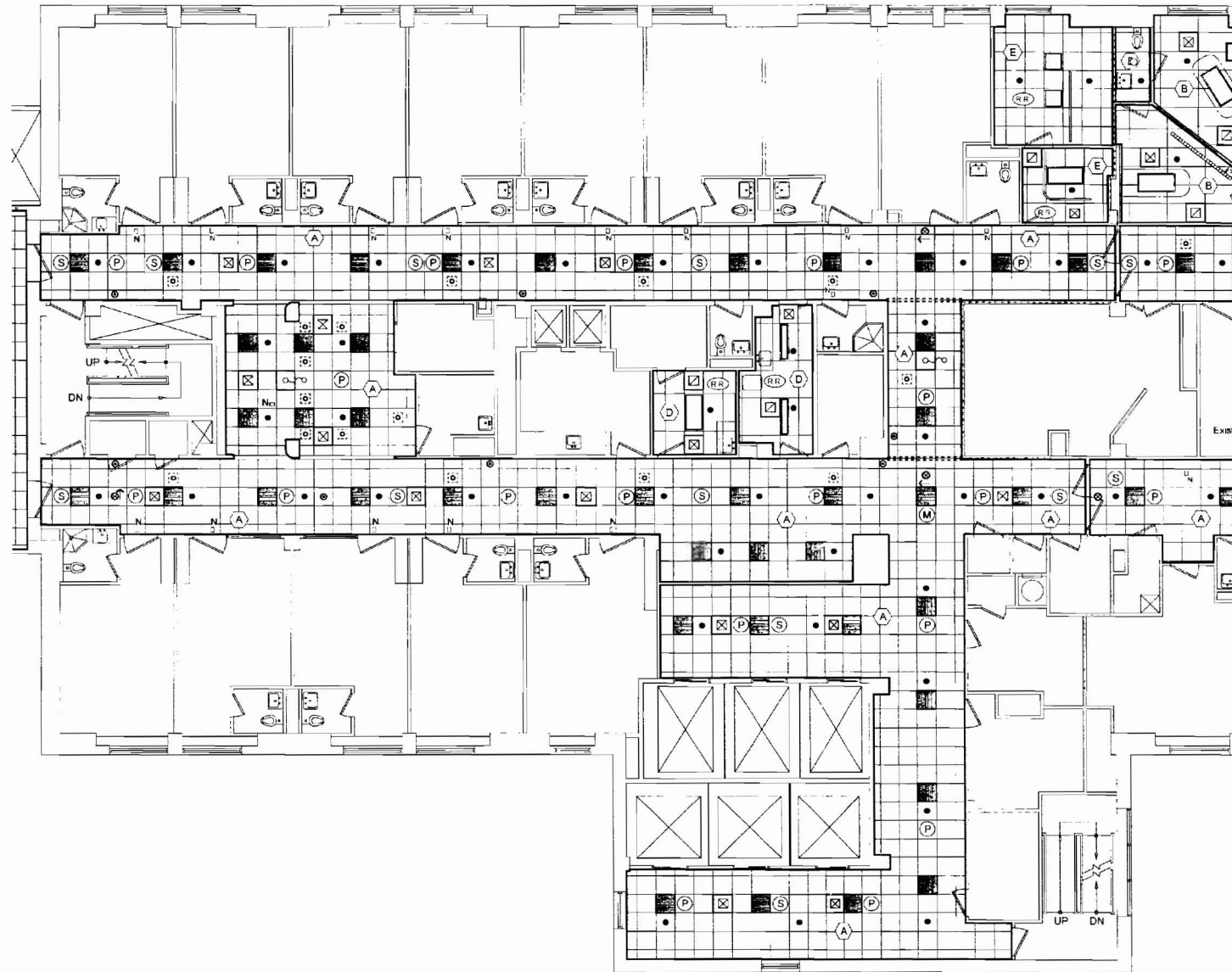
For more information or to download this form and other permit applications visit the Inspections Division on our website at www.portlandmaine.gov



Phase 1 CICU Temporary Layout
3/16" = 1' - 0"

Legend

- ■ ■ ■ Temporary Containment Partition
- ◀ (R) Item To Be Relocated By G.C. and Returned To Original Location Following Completion of Phase



Notes

1 Sprinkler System Shall Be Provided To The Owner. Coordinate Work.

(R) Remove & Save Existing Lights. In This Room Ceiling Cavity To Contractor. Remove Existing Sprinkler System, New Grid And Diffusers And Curtain Track.

Ceiling Types

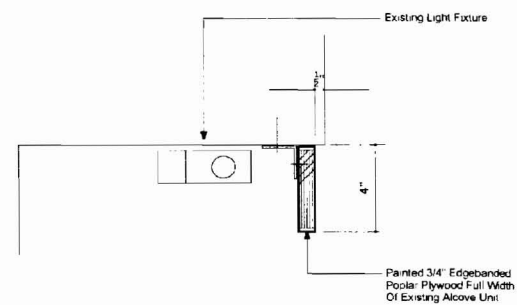
(A) 2 x 2 ACT. Tegular Edge Lay-In Provide 9/16" Suspension Grid

(B) 2 x 4 ACT. Square Edge Lay-In Existing 15/16" Grid To Remain

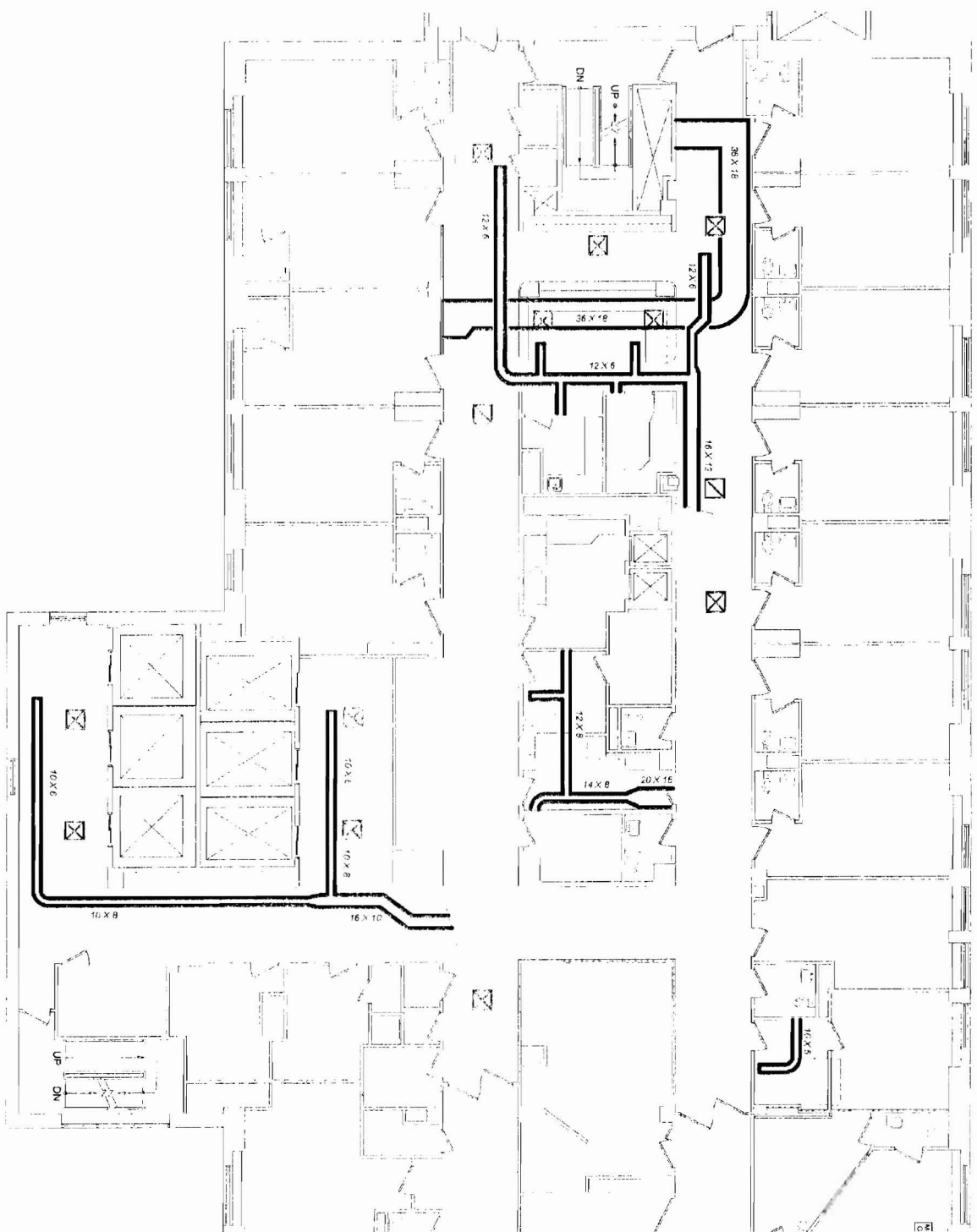
(C) Existing Ceiling To Remain. Open Typical Unless Noted Otherwise

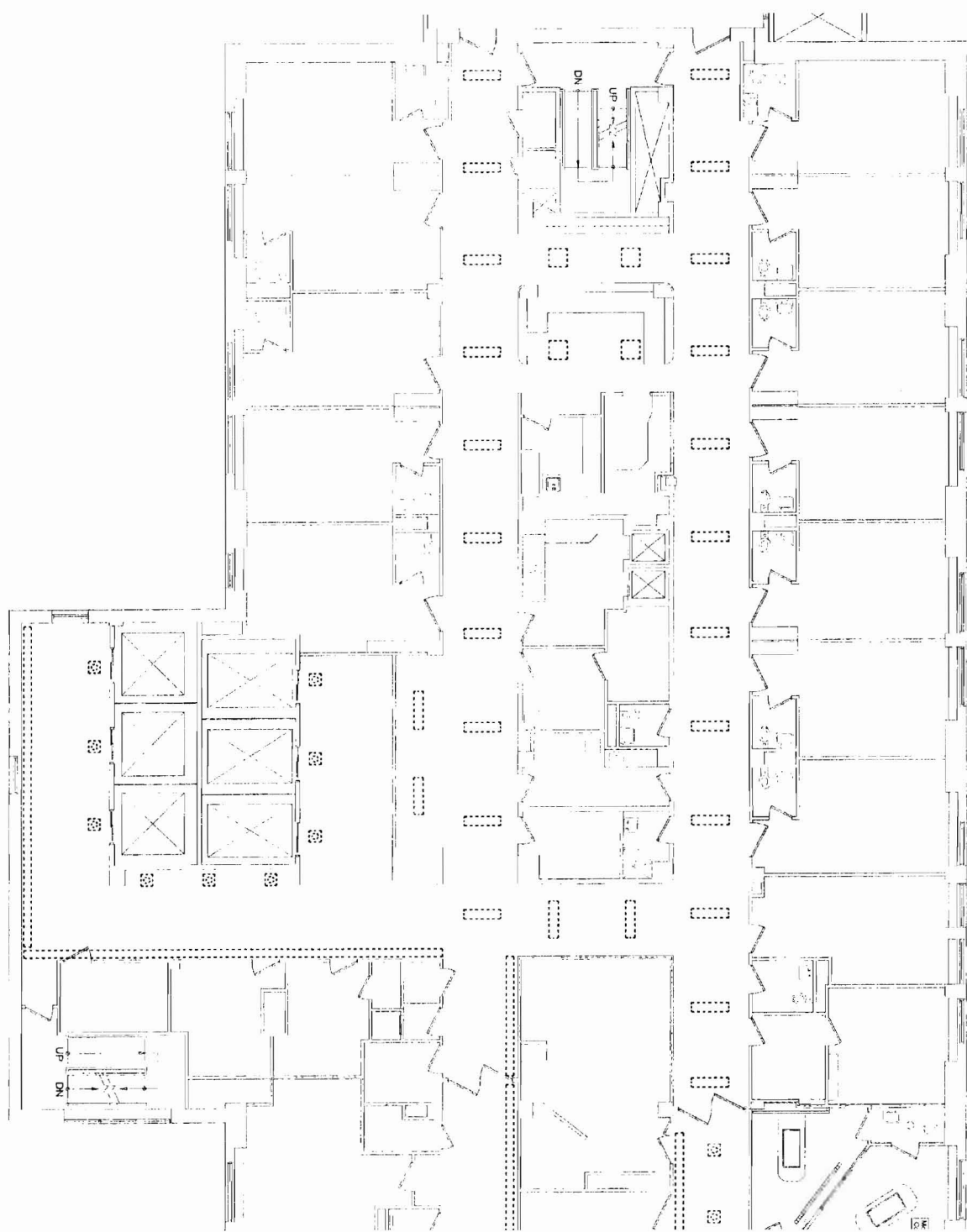
(D) 2 x 4 ACT. Square Edge Lay-In 870, by Armstrong. Provide 15/16"

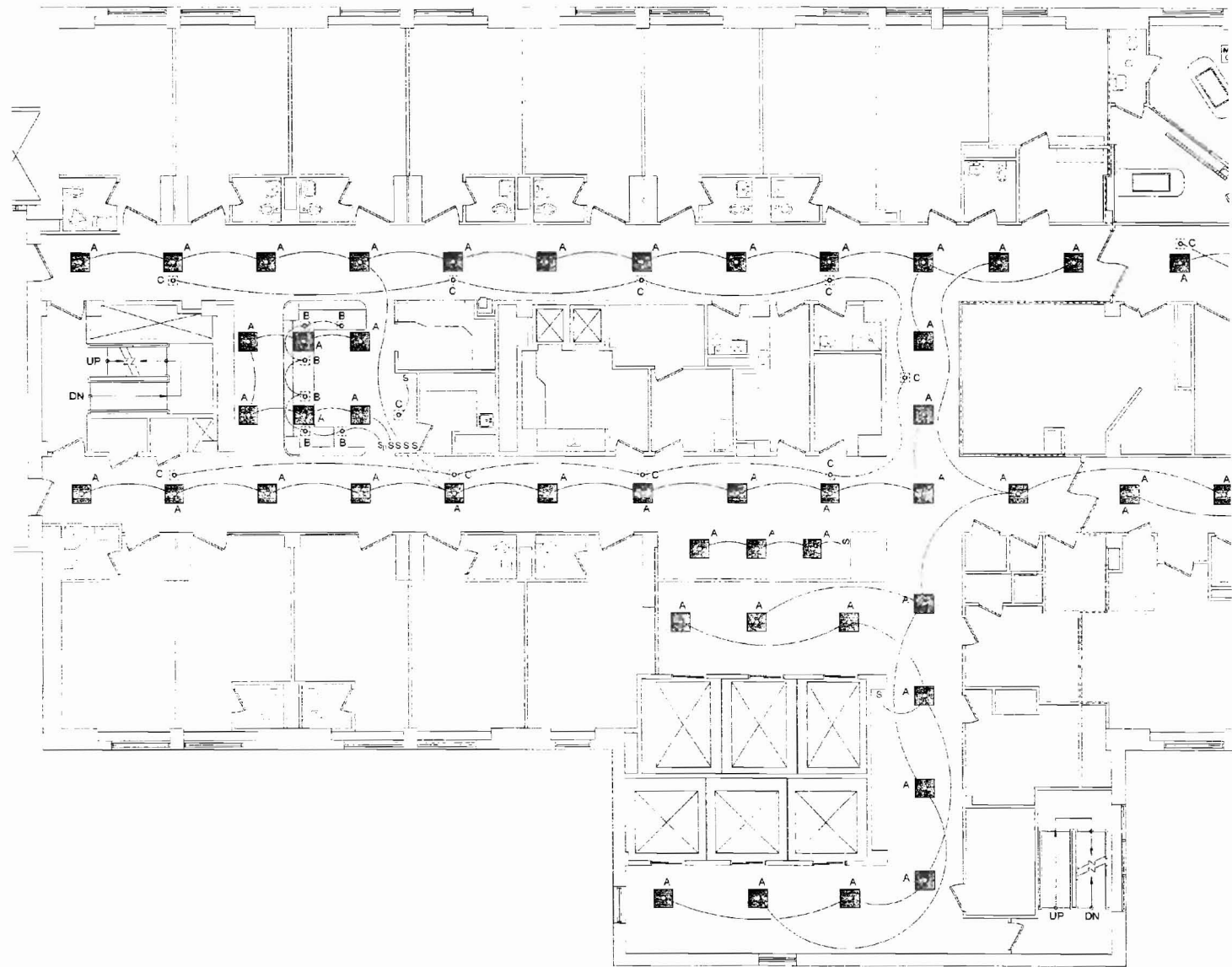
(E) 2 x 2 ACT. Tegular Edge Lay-In Provide 15/16" Suspension Grid



1 Valance Section
3" = 1'-0"







Lighting Fixture Schedule

Mr	Model No.	Mounting	Lamping	Remarks
A	Lightolier QVS 2 G PF OS 2 FT 120 SB	Recessed	(2) 40W TTS	Typical Unless Noted Otherwise. Wire to exs Verify continuity / See switching diagram for 2
B	Lightolier 372 CHX / 302MREX	Recessed	(1) 37W MR16 IR FL	Electronic Transformer and Dimming System
C	Lightolier 1046 / 1004F26	Recessed	(1) 26W TTT CFL	5" Dia. Downlight / Clear Reflector / Night Use