

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:

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 type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type
Proposed Project Description: Replace Acoustical Ceilings add sprinkler heads		Signature:		Signature:
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied Signature: Date:		

Permit Taken By: Idobson	Date Applied For: 01/26/2007	Zoning Approval	
------------------------------------	--	------------------------	--

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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Historic Preservation <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

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:

Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 01/26/2007
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 02/02/2007
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
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: <input checked="" type="checkbox"/>		
1) Application requires State Fire Marshal approval.			
2) Sprinkler system shall comply with NFPA 13			

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