

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED

Permit Number: 070633

JUN 26 2007

CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER Dean & Allyn Inc.

has permission to Fire suppression System for Central Utility Plant Building

AT 2 BRAMHALL ST 053 D00700

provided that the person or persons who perform or supervise the construction accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 proceeds before this building or part thereof is started or service closed-in 24 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.


OTHER REQUIRED APPROVALS

Fire Dept. Craig Cass

Health Dept. _____

Appeal Board _____

Other _____
Department Name



6/13/07

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

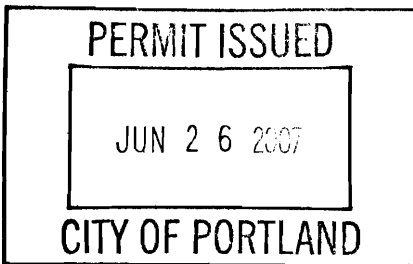
Permit No: 07-0633	Issue Date:	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Dean & Allyn Inc.	Contractor Address: P.O. Box 709 Gray	Phone 2076575646
Lessee/Buyer's Name	Phone:	Permit Type: Sprinkler Systems	Zone: C-41

Past Use: Commercial / Central Utility Plant building. Off Gilman St Connected w/ permit#051803	Proposed Use: Central Utility Plant building - Fire suppression System for entire building Connected w/ permit #051803	Permit Fee: \$780.00	Cost of Work: \$76,000.00	CEO District: 2
Proposed Project Description: Fire suppression System for Central Utility Plant Building		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied SFMO NFPA 13	INSPECTION: Use Group: U Type: Sprinkler	
		Signature: <i>Greg Carr</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: Idobson	Date Applied For: 05/31/2007	Zoning Approval		
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<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>5/31/07</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: _____
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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: 07-0633	Date Applied For: 05/31/2007	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Dean & Allyn Inc.	Contractor Address: P.O. Box 709 Gray	Phone (207) 657-5646
Lessee/Buyer's Name	Phone:	Permit Type: Sprinkler Systems	

Proposed Use: Central Utility Plant building - Fire suppression System for entire building Connected w/ permit #051803	Proposed Project Description: Fire suppression System for Central Utility Plant Building
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 05/31/2007
Note: **Ok to Issue:**

Dept: Building **Status:** Approved **Reviewer:** Tammy Munson **Approval Date:** 06/13/2007
Note: **Ok to Issue:**

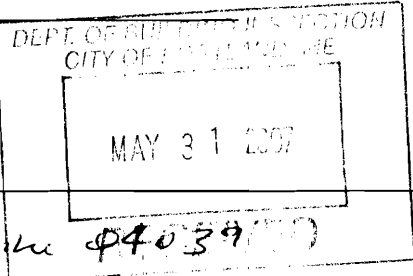
Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 06/12/2007
Note: **Ok to Issue:**

- 1) Application requires State Fire Marshal approval.
- 2) Install 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>MMC CUP Gilman Street</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Owner: <u>Maine Medical Center</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>Dean & Allyn, Inc 32 Lewiston Road Gray, Maine 04039 207-657-5646</u>	Cost Of Work: \$ <u>76,000.</u> Fee: \$ <u>780.00</u> C of O Fee: \$ _____
Current legal use (i.e. single family) <u>Commercial.</u> If vacant, what was the previous use? _____ Proposed Specific use: _____ Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Fire Suppression System for entire Building</u>		
Contractor's name, address & telephone: <u>Dean & Allyn, Inc PO Box 709 Gray Maine 04039</u>		
Who should we contact when the permit is ready: <u>Ted Clarke</u>		
Mailing address: _____ Phone: <u>207-657-5646</u>		

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: <u>Ted Clarke</u>	Date: <u>5-31-07</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

DEAN & ALLYN, INC.

FIRE PROTECTION • SPECIAL HAZARD

P.O. Box 709 • 32 Lewiston Road • Bldg. 1C
 Gray, ME 04039-0709
 207/657-5646 • fax 657-5647

LETTER OF TRANSMITTAL

TO City of Portland
330 Congress Street
Portland, Maine

DATE	5-31-07	JOB NO.	C0609043
ATTENTION			
RE:	Maine Medical Center Central Utility Plant		

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

Shop drawings Prints Plans Samples Specifications

Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
1 ea	2/7/07	1 & 2 of 2	Sprinkler layout
1 ea	2/7/07		Hydraulic Calculations C643-1ST, WX2 1 & C643-2ND, WX9
1			CD with PDF files for the above
1			Permit + Fee check for \$ 780

THESE ARE TRANSMITTED as checked below:

For approval Approved as submitted Resubmit _____ copies for approval

For your use Approved as noted Submit _____ copies for distribution

As requested Returned for corrections Return _____ corrected prints

For review and comment _____

FOR BIDS DUE _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: Ted Clarke

If enclosures are not as noted, kindly notify us at once.