	y of Portland, Maine - 1 Congress Street, 04101		rmit No: 07-0960	Issue Dat	Issue Date:		CBL: 053 D007001				
	ation of Construction:	Owner Name:	T'ax. (2	207) 874-8710	, -	r Address:			Phone:		
2 E	BRAMHALL ST	MAINE MEDI	CAL CE	ENTER	22 B	RAMHALL S	T				
Bus	iness Name:		Contractor Name:			actor Address			Phone		
		Herbert Constr	uction,	LLC		uld Road Lev	viston		20778320	1	
Les	see/Buyer's Name	Phone:				it Type: erations - Com	nmercial			Zone:	
	t Use:	Proposed Use:	1 Cto Dining Dage		Perm	Permit Fee: Cost of W					
	nine Medical Ctr Dining Roon npressions Cafe"	Maine Medical Replace flooring				\$4,620.00	\$460,0		2		
111	ilpressions Care	renovations to			<u></u>		Approved Denied	Use G	CTION: roup:	Type	
	posed Project Description: ning Room - Replace flooring	Therior renovations	to Dini	ng Room	G:			G:t-			
Dii	ming Room Replace Hoofing	s, interior renovations	to Dilli	ng Room		Signature: Signature: PEDESTRIAN ACTIVITIES DISTRIC			gnature: CT (P.A.D.)		
					Action Approved Approve				ed w/Condition Denied		
			Signa			gnature:			Date:		
Permit Taken By: Date Applied For: 08/08/2007					Zoning Approval						
1.	This permit application doe	es not preclude the	Special Zone or Reviews		Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting Federal Rules.	-	ade the state and Shoreland Shorelan								
2.	Building permits do not inc septic or electrical work.	lude plumbing,	□w	☐ Wetland ☐ Miscellaneous ☐ Does Not Require Revi	equire Revie						
3.	Building permits are void it within six (6) months of the		☐ Fl	ood Zon		Conditional Us Requires Review					
	False information may invalidate a building permit and stop all work			abdivision	☐ Interpretatio			Approved			
			□ S		Site Plan		Approved		Approved w/Condition		
			Maj [	Mino MM		Denied			☐ Denied		
			Date:			Date:			Date:		
I ha juri sha	reby certify that I am the ow we been authorized by the ov sdiction. In addition, if a per Il have the authority to enter uch permit.	vner to make this appl mit for work described	med proication a	as his authorize application is is	he prop d agen sued, I	t and I agree t certify that th	to conform t ne code offic	to all ap	pplicable laws othorized repre	of this esentative	
SIC	GNATURE OF APPLICAN			ADDRES	S		DATE	E	P	PHO	

Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:		
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	<b>Phone</b> 2077832091		
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zo	ne:	

 Dept:
 Zoning
 Status:
 Approved
 Reviewer:
 Marge Schmuckal
 Approval Date:
 08/09/2007

Note: Ok to Issue: ✓

Dept: Building Status: Approved with Conditions Reviewer: Jeanine Bourke Approval Date: 08/29/2007

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 penetratios through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.

**Dept:** Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 08/15/2007 **Note:** • Ok to Issue: ✓

- 1) All construction shall comply with NFPA 101
- 2) The sprinkler system shall be installed in accordance with NFPA 13.
- 3) A single source supplier should be used for all through penetrations.
- 4) Application requires State Fire Marshal approval.
- 5) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.

## 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