

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 071379

Please Read Application And Notes, If Any, Attached

This is to certify that MAINE MEDICAL CENTER / Herbert Construction, LLC

has permission to Radiation Therapy - Renovate existing space to be made finished and improve infrastructure

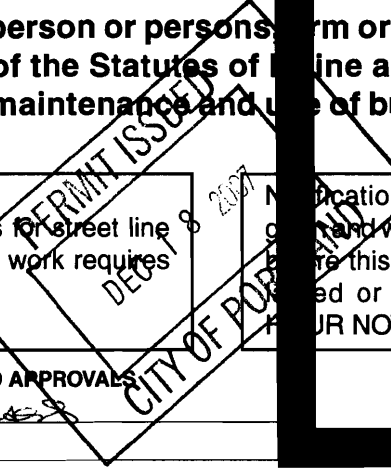
AT 2 BRAMHALL ST Radiation Therapy L 053 D007001

provided that the person or persons firm or corporation accepting 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 procured before this building or part thereof is occupied or closed-in. FOUR 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 Cass
Health Dept. _____
Appeal Board _____
Other _____
Department Name

James Bonk 12/14/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

_____ **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

_____ **Footing/Building Location Inspection:** Prior to pouring concrete

_____ **Re-Bar Schedule Inspection:** Prior to pouring concrete

_____ **Foundation Inspection:** Prior to placing ANY backfill

_____ **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

_____ **Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

_____ **If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

_____ **CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Daniel R. Albert
Signature of Applicant/Designee

12-18-07
Date

[Signature]
Signature of Inspections Official

12/18/07
Date

CBL: 53 D007

Building Permit #: 071379

City of Portland, Maine - Building or Use Permit Application

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

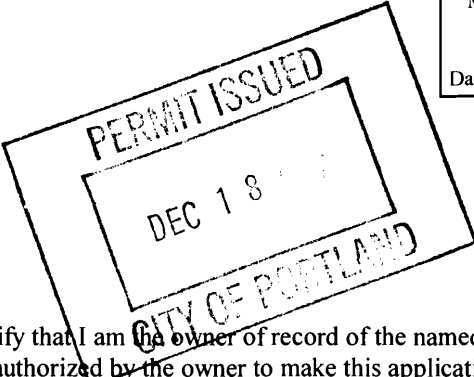
Permit No: 07-1379	Issue Date:	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST-Radiation Thera	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C41

Past Use: Maine Medical Ctr - Radiation Therapy	Proposed Use: Maine Medical Ctr - Radiation Therapy - Renovate existing space to upgrade finishes and improve infrastructure	Permit Fee: \$2,070.00	Cost of Work: \$205,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: I Type: IB IBC-2003	

Proposed Project Description: Radiation Therapy - Renovate existing space to upgrade finishes and improve infrastructure	Signature: <i>Wesley Cross</i>	Signature: <i>JMB 12/14/07</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: 11/07/2007	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"/> M/M <input type="checkbox"/> Date: <i>11/8/07</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:
			

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: 07-1379	Date Applied For: 11/07/2007	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST-Radiation Thera	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Ctr - Radiation Therapy - Renovate existing space to upgrade finishes and improve infrastructure	Proposed Project Description: Radiation Therapy - Renovate existing space to upgrade finishes and improve infrastructure
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 11/08/2007
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Jeanine Bourke **Approval Date:** 12/14/2007
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 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:** 11/15/2007
Note: **Ok to Issue:**

- 1) All construction shall comply with NFPA 101
- 2) Application requires State Fire Marshal approval.
- 3) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.



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>Maine Medical Center - RADIATION Therapy</u>		
Total Square Footage of Proposed Structure/Area <u>2,072 SF</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * must be owner, Lessee or Buyer* Name <u>Hebert Construction</u> Address <u>9 Gould Road</u> City, State & Zip <u>Lewiston, ME 04240</u>	Telephone: <u>207-783-2091</u>
<u>53 D 7</u>		
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Maine Medical Center</u> Address City, State & Zip	Cost Of Work: \$ <u>205,000</u> C of O Fee: \$ <u> </u> Total Fee: \$ <u>2,070</u>
Current legal use (i.e. single family) <u>Radiation Therapy</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SAME</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>Renovate existing space to upgrade finishes and improve infrastructure.</u>		
Contractor's name: <u>Hebert Construction, LLC</u> Address: <u>9 Gould Road</u> City, State & Zip <u>Lewiston, ME 04240</u> Telephone: <u>207-783-2091</u> Who should we contact when the permit is ready: <u>DAVE MOORE</u> Telephone: <u>207-212-2173</u> Mailing address: <u>Hebert Construction, LLC</u>		

Please submit all of the information outlined on the applicable 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: [Signature] Date: _____

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

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Certificate of Design Application

From Designer: Craig Piper
 Date: 11/5/07
 Job Name: RT Renovations Phase 2 - Maine Medical Center
 Address of Construction: 22 Bramhall St., Portland, ME 04101

2003 International Building Code

Construction project was designed to the building code criteria listed below:

EXISTING CONSTRUCTION

Building Code & Year IRC 2003 Use Group Classification (s) INSTRUM

Type of Construction IB

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC _____

Is the Structure mixed use? _____ If yes, separated or non separated or non separated (section 302.3) _____

Supervisory alarm System? _____ Geotechnical/Soils report required? (See Section 1802.2) _____

Structural Design Calculations

N/A Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown

Wind loads (1603.1.4, 1609)

N/A Design option utilized (1609.1.1, 1609.6)
 Basic wind speed (1809.3)
 Building category and wind importance Factor, w
 (table 1604.5, 1609.5)
 Wind exposure category (1609.4)
 Internal pressure coefficient (ASCE 7)
 Component and cladding pressures (1609.1.1, 1609.6.2.2)
 Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

N/A Design option utilized (1614.1)
 Seismic use group ("Category")
 Spectral response coefficients, S_D & S_{DI} (1615.1)
 Site class (1615.5)

_____ Live load reduction
 _____ Roof live loads (1603.1.2, 1607.11)
 _____ Roof snow loads (1603.7.3, 1608)
 _____ Ground snow load, P_g (1608.2)
 _____ If $P_g > 10$ psf, flat-roof snow load P_f
 _____ If $P_g > 10$ psf, snow exposure factor, C_e
 _____ If $P_g > 10$ psf, snow load importance factor, I_s
 _____ Roof thermal factor, C_t (1608.4)
 _____ Sloped roof snowload, P_s (1608.4)
 _____ Seismic design category (1616.3)
 _____ Basic seismic force resisting system (1617.6.2)
 _____ Response modification coefficient, R , and
 _____ deflection amplification factor, C_d (1617.6.2)
 _____ Analysis procedure (1616.6, 1617.5)
 _____ Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)
 _____ Elevation of structure

Other loads

N/A Concentrated loads (1607.4)
 _____ Partition loads (1607.5)
 _____ Misc loads (Table 1607.8, 1607.6.1, 1607.7,
 1607.12, 1607.13, 1610, 1611, 2404)



Certificate of Design

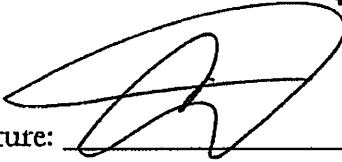
Date: 11.06.07

From: CRALL PAPER.

These plans and / or specifications covering construction work on:

Maine Medical Center

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments. TO THE BEST OF MY KNOWLEDGE & BELIEFS.

Signature: 

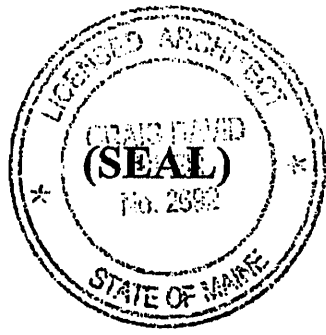
Title: ARCHITECT

Firm: SMRT, Inc.

Address: 144 Fome St.

Portland, ME 04101

Phone: (207) 772-3846



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



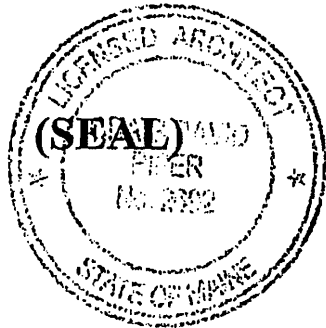
Accessibility Building Code Certificate

Designer: Craig Piper

Address of Project: 22 Bramhall St. Portland, ME

Nature of Project: Renovation of an existing Radiation
therapy department of Maine Medical Center.

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. *to the best of my belief & knowledge*



Signature: *[Handwritten Signature]*

Title: ARCHITECT.

Firm: SMRT, Inc.

Address: 144 Fore st
Portland, ME 04101

Phone: (207) 772-3846

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