

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that MAINE MEDICAL CENTER

Located At 22 BRAMHALL ST

Job ID: 2012-02-3192-ALTCOMM

CBL: 053- D-007-001

has permission to Renovate Angio suite; basement Radiology Department, including new equipment provided that the person or persons, firm or corporation 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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

JMB 2/24/12

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-02-3192-ALTCOMM	Date Applied: 2/1/2012	CBL: 053- D-007-001	
Location of Construction: 22 BRAMHALL ST (basement - Radiology Dept.)	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102	Phone: 207-662-2988
Business Name:	Contractor Name: LANGFORD & LOW, INC (Gus Doughty)	Contractor Address: 248 Warren Ave., PORTLAND MAINE 04104	Phone: (207) 797-5141
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG - Building	Zone: C-41
Past Use: Maine Medical Center	Proposed Use: Same - Maine Medical Center - renovate existing angio suite in Radiology Department (Rm B447A in basement)	Cost of Work: 300000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Signature: <i>Capt Peterson 2-13-12</i>	Inspection: Use Group: I-2 Type: IB IBC-2009 Signature: <i>JMB</i>
Proposed Project Description: Renovate angio suite and replace existing equip		Pedestrian Activities District (P.A.D.) 2/24/12	
Permit Taken By:		Zoning Approval	

<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building Permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p><input type="checkbox"/> Maj <input type="checkbox"/> Min <input type="checkbox"/> MM</p> <p>Date: <i>OK 2/1/12 ABM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>
	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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City. Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Penny St. Louis

Job ID: 2012-02-3192-ALTCOMM

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

Conditions of Approval:

Fire

1. All construction shall comply with City Code Chapter 10.
2. Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.
3. Fire extinguishers are required. Installation per NFPA 10.
4. The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
5. A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model.
6. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.
7. Sprinkler protection shall be maintained. Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
8. Non-combustible construction of this structure requires all construction to be Non-combustible.
9. Any cutting and welding done will require a Hot Work Permit from Fire Department.

Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM E 814 or UL 1479, per IBC 2009 Section 713.
3. Equipment shall be installed in compliance with the manufacturer's specifications and the UL listing.
4. Separate permits are required for any electrical, plumbing, sprinkler, fire alarm, HVAC systems, heating appliances, including pellet/wood stoves, commercial hood exhaust systems and fuel tanks. Separate plans may need to be submitted for approval as a part of this process.

C-41

Entered 2/1/12 (B)

2012-02-3192 - Alt Comm

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</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>053 0007</u> <u>Radiology Dept. Rm 8447A</u>	Applicant * must be owner, Lessee or Buyer * Name <u>MAINE MEDICAL CENTER</u> Address <u>22 BRAMHALL ST</u> City, State & Zip <u>PORTLAND ME 04102</u>	Telephone: <u>662-2988</u> <u>MARSHALL BACIETT</u>
Lessee/DBA (If Applicable) <u>(Rm 8447A)</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>300,000</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>Angio Suite</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Same</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>RENOVATE AN EXISTING ANGIO SUITE AND REPLACE EXISTING EQUIPMENT.</u>		
Contractor's name: <u>LANE FORD + LOW, INC.</u> Address: <u>248 WARREN AVE</u> City, State & Zip <u>PORTLAND ME 04104</u> Telephone: <u>797-5141</u> Who should we contact when the permit is ready: <u>645 Doughty</u> Telephone: <u>318-0546</u> Mailing address: <u>248 WARREN AVE PORTLAND ME 04104</u>		

RECEIVED

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

Feb 8 2012
City of Building Inspections
Portland, Maine

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: 1-30-12

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



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: Derek J. Veilleux, AIA, NCARB

RE: Certificate of Design

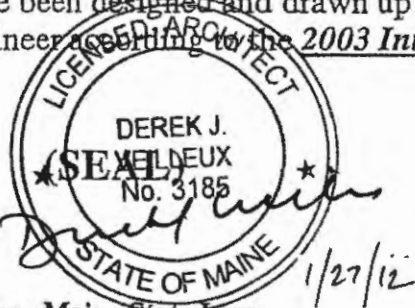
DATE: 1.27.12

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER ANGIO RENOVATIONS ROOM 2 ;

PROJECT AT THE MMC BRANHALL CAMPUS # 11127

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



As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

Signature: Derek Veilleux

Title: ARCHITECT

Firm: SMRT INC.

Address: 144 FORE ST
PORTLAND, ME
04103



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

ACCESSIBILITY CERTIFICATE

Designer: DEREK J. VEILLEUX, AIA, NCARB

Address of Project: 22 BRANWELL ST. PORTLAND ME

Nature of Project: RENOVATION OF EXISTING SPACE FOR
ANGIO EQUIPMENT REPLACEMENT

FINISHES, MECHANICAL, ELECTRICAL & MILLWORK

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.



Signature: Derek J. Veilleux

Title: ARCHITECT

Firm: SMRT INC.

Address: 144 FORE ST.

PORTLAND, ME 04103

Phone: 207. 772. 3846



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

2/1 2012

Received from Langford + Low

Location of Work 22 Bramhall Room 2
Basement

Cost of Construction \$ 300,000 Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 3,020.00

Building (IL) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: OS3 - 0007

Check #: 4-1388 Total Collected \$ 3020.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by:

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy