

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

| | | |
|------------------------------|--------------------|----------------------------|
| Permit No: 07-1429 | Issue Date: | CBL: 053 D007001 |
|------------------------------|--------------------|----------------------------|

| | | | |
|--|--|---|----------------------------|
| Location of Construction: 2 BRAMHALL ST Ground Floor | 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: |

| | | | | |
|--|--|--|--------------------------------------|---------------------------------------|
| Past Use: Commercial - Maine Medical Center - Ground Floor | Proposed Use: Maine Medical Center -Ground Floor - interior renovations, Change floor plan & Placement of locker rooms, restrooms & add new alcove | Permit Fee: \$3,270.00 | Cost of Work: \$325,000.00 | CEO District: 2 |
| | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: Type |
| Proposed Project Description: Ground Floor - interior renovations, Change floor plan & Placement of locker rooms, restrooms & add new alcove | | 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: 11/21/2007 | 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 Ground Floor | 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: |

| | | | |
|---|---|----------------------------------|----------------------------------|
| Dept: Zoning | Status: Approved | Reviewer: Marge Schmuckal | Approval Date: 11/27/2007 |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| Dept: Building | Status: Approved with Conditions | Reviewer: Jeanine Bourke | Approval Date: 12/21/2007 |
| 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 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: 11/29/2007 |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| 1) Application requires State Fire Marshal approval. | | | |
| 2) A single source supplier should be used for all through penetrations. | | | |
| 3) 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

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO