

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING INSPECTION PERMIT

Permit Number: 071433

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

has permission to Ground Floor- Interior Demolition completed with permit# 071

AT 2 BRAMHALL ST - Ground Floor L 053 D007001

provided that the person or persons who perform or supervise the work 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.

Verification of inspection must be given and when permission is procured before this building or part thereof is occupied or service is closed-in. 4
OUR 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. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name

Camie Foulke 11/27/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

NOV 28 2007

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 07-1433	Issue Date:	CBL: 053 D007001
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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: Demolitions - Interior	Zone: C41

Past Use: Commercial - Maine Medical - Ground Floor	Proposed Use: Commercial - Maine Medical - Ground Floor- Interior Demolition connected w/ permit# 071429	Permit Fee: \$30.00	Cost of Work: \$30.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group B2 Type: I-B	

Proposed Project Description: Ground Floor- Interior Demolition connected w/ permit# 071429	Signature:	Signature:
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: ldobson	Date Applied For: 11/27/2007	Zoning Approval
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<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 information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan OK Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: JMB 11/27/07	<p>Zoning Appeal</p> <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:	<p>Historic Preservation</p> <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: JMB
	<p>Permit # 07-1429</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

City of Portland, Maine - Building or Use Permit

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

Permit No: 07-1433	Date Applied For: 11/27/2007	CBL: 053 D007001
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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 (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Interior	

Proposed Use: Commercial - Maine Medical - Ground Floor- Interior Demolition connected w/ permit# 071429	Proposed Project Description: Ground Floor- Interior Demolition connected w/ permit# 071429
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Dept: Zoning	Status: Approved	Reviewer: Jeanine Bourke	Approval Date: 11/27/2007
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 11/27/2007
Note: 1) This approves the interior demolition only			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 11/27/2007
Note: 1) Demolition shall not compromise the required egress			Ok to Issue: <input checked="" type="checkbox"/>



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, Portland ME</u>		
Total Square Footage of Proposed Structure/Area <u>1800 S.F.</u>		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>53 D 07</u>	Applicant * <u>must</u> be owner, Lessee or Buyer* Name <u>Maine Medical Center</u> Address <u>22 Bramhall Street</u> City, State & Zip <u>Portland, ME 04101</u>	Telephone: <u>(207) 662-3323</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>7,000.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>30.00</u>
Current legal use (i.e. single family) <u>Locker Room - Women's Bathroom</u> If vacant, what was the previous use? _____ Proposed Specific use <u>Women's Room to become Men's & Locker to become Women's Room</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Miscellaneous Demolition of current restroom - demolition to include masonry, walls, doors, frames, & ceilings.</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>Daniel Hebert</u> Telephone: <u>(207) 783-2091</u> Mailing address: <u>9 Gould Road Lewiston ME 04240</u>		

212-2173 Dave

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.

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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: *Daniel Hebert* Date: *11/27/07*

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

ASBESTOS Project Notification

FORM N

2004 Revision

Important Notice: The notification submitter must send a complete notification including any applicable fee which is postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.

1. Project* Code 2997-MEI (Assigned by notification submitter) *See definition of project at Chapter 425.1.CCC	2. Type of Notification <input checked="" type="checkbox"/> Standard (S) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)	3. Type of Activity <input type="checkbox"/> Demolition (D) <input checked="" type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	4. Variances (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input checked="" type="checkbox"/> Standard (S) <input type="checkbox"/> Notification Waiver (10 day)
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5. Asbestos Contractor Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____	6. Facility Owner Name _____ Mailing Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____
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7. Facility Location (Where removal is to take place) BLDG Name _____ Floor and/or Rm.# _____ Physical Address _____ City _____ State _____ Zip _____	8. Facility Description Present Use _____ Hospital _____ Prior Use _____ Same _____ BLDG Size _____ 50,000 sq. ft. No. Floors _____ 5 _____ BLDG Age _____ 78 +/- _____
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9. Notification Fees (Required fees must accompany notification) <input checked="" type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to 1000 SqFt/5000 LnFt. <input type="checkbox"/> \$200.00 = ACM amounts greater than 1000 SqFt/5000 LnFt. <input type="checkbox"/> Not Required or Not Included (Complete Block #9A)	9A. Notification Fee Not Included <input type="checkbox"/> Single family home exemption <input type="checkbox"/> ACM amount less than 100 SqFt/100 LnFt <input type="checkbox"/> Fees paid quarterly (Non-Scheduled O&M only) <input type="checkbox"/> BGS exemption	10. Project Work Hours _____ 7:00 AM to _____ 4:00PM (Show actual hours) Weekdays (Check all that apply) <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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11. Scheduled Dates for Asbestos Project

Project Start Date _____ Project Completion Date _____

ACM Removal Dates (from) _____ 12-03-07 _____ (to) _____ 12-07-07 _____

12. Asbestos (ACM) Removal			ME DEP USE ONLY
ACM Type	Amount	Measurement	
_____	_____	SqFt <input checked="" type="checkbox"/> LnFt _____	Postmark/ FAX/ hand delivered _____
_____	_____	SqFt _____ LnFt <input checked="" type="checkbox"/>	Date Received _____
_____	_____	SqFt _____ LnFt _____	Check # _____
_____	_____	SqFt _____ LnFt _____	NESHAP _____
_____	_____	SqFt _____ LnFt _____	State _____
_____	_____	SqFt _____ LnFt _____	Variance _____

**Asbestos
Project
Notification**

MURKISSEY ENVIRONMENTAL
State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-7826

207 7865575

P. 02/04

**FORM
N**

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2004 Revision

Project Code

13. Demolition (complete as applicable)

2997-MEI

(As listed on page 1)

___ Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound)

___ All other demolitions

Demolition Dates:

to

14. Procedure Used to Detect Presence of Asbestos

Testing Assumed Positive Tested Positive

Method PLM TEM

Sampled By _____
(Print Name)

Company _____

15. Project Clearance

Visual evaluation by: (Air Monitor (if known) and Company)

___ Alex McCarthy _____

Air Clearance by: (Air Monitor (if known) and Company)

___ McCarthy Environmental _____

Note: Whenever building materials are assumed to contain asbestos, signed bulk sampling disclosure forms must be at the asbestos abatement project site and available for review by the Department.

16. Asbestos Abatement Methods (check all that apply & submit variance request (Form V) if required)

___ Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors

Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors

Regulated area with Exclusion zone

Multiple non-contiguous glovebags (variance required)

Contiguous glovebags less than 30 Ln/ft (variance required)

___ Wrap & cut- TSI in good condition (no containment)(variance required)

___ Wrap & cut- TSI not in good condition (containment required)

Flooring by mechanical equipment/ice scrapers/pry bars

___ Intact flooring demo by heavy equipment

___ Adhesive by grinding or bead blasting

___ Enclosure

___ Encapsulation

___ Roofing removal by mechanical saws/cutters

___ Other (specify) _____

17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)

Name SERVICE TRANSPORT

Address 58 PYLES LANES

City NEW CASTLE State DEL Zip 19720

Contact RANDY BRIDGES

TEL 302-778-5930 FAX 302-778-0446

18. Disposal Site

Name A&L SALVAGE

Address 11225 S.R. 45 - P.O. BOX 333

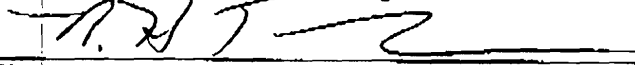
City LISBON State OH Zip 44432

Contact BARRY GAUDET

TEL 330-424-3739 FAX _____

19. Certification (Notification Submitted by)

I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by Maine DEP Chapter 425, the Asbestos Management Regulations.


Signature

RON TILLSON
Print Name

Date 11-19-07

Mailing Address P.O. BOX 1568

City LEWISTON State ME Zip 04241-1568

TEL 207-782-4260 FAX 207-786-5575

**Asbestos Project
Variance Request**

2997-MEI _____
Project Code

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-7826

**FORM
V**

Page 1 of 2

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Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant

Check all that apply. Written Department approval is not required prior to implementation. Standard variances submitted during or before the project due to unforeseeable conditions shall not be implemented until 5 days after the variance is received by the Department unless otherwise approved by the Department.

1. Wetting ACM (during removal phase only) is not required when:

- Temperature inside regulated area below 32°F & heating not feasible nor practical
- Electrical conditions exist that would create shock/electrocution hazard
- Operational high-pressure steam lines are being abated/repaired

2. Exhausting to Ambient Air is not feasible when:

- Distance too great
- Health & Safety concerns (limited egress)

3. Aggressive Air Clearances in dirt crawl spaces only are not required when:

- Dirty or dusty conditions exist not related to asbestos activities exist inside or outside the regulated area and will likely result in count overloads (Static Air Samples are required)

4. Containment and air clearances not necessary when:

- Enclosure activities do not impact ACM
- Removal of TSI components that utilize "wrap & cut" methods, provided that an Asbestos Inspector has determined the components to be in good condition & not likely to release fibers during removal, & has recorded this determination in the project design. **By signing below, the Design Consultant attests that the TSI is in good condition.**
- Removal or repair of ACM using multiple non-contiguous glovebags that are no larger than 60 inches by 60 inches
- Removal or repair, using contiguous glovebags, that involve a total of no more than 30 l/ft of ACM on a single pipeline, or any amount of ACM that can be removed within 10 glovebags for pipelines running parallel to each other

5. Remote decontamination unit is needed:

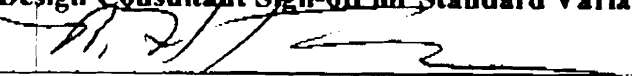
Explain: _____

6. Smaller than standard decontamination unit needed in residential structure:

A variance to the requirements for minimum decontamination unit size is allowed in residential structures where construction of a decontamination unit meeting minimum size requirements is not possible due to room size and configuration, HVAC system component locations, or restriction of safe egress for residents.

Note: A detailed floor plan showing the work area, decontamination unit n and room dimensions must be submitted with the requested variance.

Design Consultant Sign-off for Standard Variance(s)


Signature

RON TILLSON
Print Name

Date 11-19-07

Company MORRISSEY ENVIRONMENTAL

ME Certification Number DC-0036

Address P.O. BOX 1568

Certification Expiration Date 11-30-08

City LEWISTON State ME Zip 04241

TEL 207-783-4260 FAX 207-786-5575

MORRISSEY ENTERPRISES

DBA MORRISSEY ENVIRONMENTAL
P.O. BOX 1568
LEWISTON, ME 04241-1568
(207) 783-4260

Norway Savings Bank

52-7451-2112

11/19/2007

PAY
TO THE
ORDER OF

ME ENV. PROTECTION FUND

\$ **100.00

One Hundred and 00/100***** DOLLARS

ME ENV. PROTECTION FUND
17 STATE HOUSE STATION
AUGUSTA, ME 04333


AUTHORIZED SIGNATURE

MEMO

2997-MEI

⑈011046⑈ ⑆211274515⑆ 870 2202797⑈

MORRISSEY ENTERPRISES

11046

ME ENV. PROTECTION FUND
6275 - Job Notif/Employee Licensing 2997-MEI

11/19/2007

100.00

Cash Checking 2997-MEI

100.00