



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 2 BRAMHALL ST

CBL 053 D007001

Issued to Maine Medical Center/William Berry & Sons, Inc.

Date of Issue 11/18/2008

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 08-0153, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Emergency Department
Phase One (1), East tower, Basement Area

APPROVED OCCUPANCY

Hospital
Use Group: I-2
Type: IA
IBC, 2003

Limiting Conditions:

This does not include the existing emergency department renovations

This certificate supersedes
certificate issued

Approved:

11/19/08

(Date)

Inspector

[Signature]
202

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

[Handwritten initials] 11/19/08

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

Permit No: 08-0153	Issue Date:	CBL: 053 D007001
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Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone 2032236026
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Past Use: Maine Medical Ctr Emergency Department	Proposed Use: Maine Medical Ctr Emergency Department - ED fit-out of Charles Street Basement, Existing ED renovations	Permit Fee: \$83,535.00	Cost of Work: \$8,343,515.00	CEO District: 2
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type
Proposed Project Description: ED fit-out of Charles Street Basement, Existing ED renovations		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: 02/25/2008	Zoning Approval		
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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"/> Date:	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 Date:	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:
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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	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone 2032236026
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 02/25/2008
Note: **Ok to Issue:**

- 1) All the prior conditions placed upon the new work under previous permits are still in force.
- 2) Separate permits shall be required for any new signage.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 03/31/2008
Note: **Ok to Issue:**

- 1) 4) Prior to the commencement of construction, a copy of the geotechnical report referenced in the construction documents must be submitted and approved.
- 2) 3) Prior to the commencement of construction, a copy of the construction permit from the State Fire Marshall, and any conditions of approval contained therein must be submitted and approved.
- 3) 2) Prior to the commencement of construction, a statement of Special inspections for any required elements such as the ED Canopy, any new structural work or any sprayed on fireproofing or elements of construction subject to special inspections outlined in Chapter 17 must be submitted and approved.
- 4) 1) Prior to the commencement of construction, information that establishes compliance with Section 407.4.1 Refuge Areas must be submitted and approved.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Greg Cass **Approval Date:** 03/03/2008
Note: **Ok to Issue:**

- 1) Fire alarm system requires a Masterbox connection per city ordinance.
- 2) Occupancies with an occupant load of 100 persons or more require panic hardware on all doors serving as a means of egress.
- 3) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 4) A single source supplier should be used for all through penetrations.
- 5) The fire alarm system shall comply with NFPA 72
- 6) All construction shall comply with NFPA 101
- 7) The sprinkler system shall be installed in accordance with NFPA 13.
- 8) Application requires State Fire Marshal approval.

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO