

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

Permit No: 08-0405	Issue Date:	CBL: 053 D007001
------------------------------	--------------------	----------------------------

Location of Construction: 2 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Past Use: ME MED PARKING GARAGE connected w/ permit# 041451	Proposed Use: ME MED PARKING GARAGE connected w/ permit# 041451- new signage	Permit Fee: \$32.00	Cost of Work: \$1,359.00	CEO District: 2
Proposed Project Description: new signage		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type	
		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: 04/23/2008	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	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: NeoKraft Signs	Contractor Address: 686 Main St. Lewiston	Phone 2077829654
Lessee/Buyer's Name	Phone:	Permit Type: Signs - Permanent	Zone:

Dept: Zoning	Status:	Reviewer: Marge Schmuckal	Approval Date: 04/24/2008
Note: Passed on to planning for further approvals			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Jeanine Bourke	Approval Date: 05/09/2008
Note:			Ok to Issue: <input type="checkbox"/>
1) Separate permits are required for any electrical installation			
2) Signage Installation to comply with Chapter 31 of the IBC 2003 building code.			
Dept: Planning	Status: Approved	Reviewer: Jean Frasier	Approval Date: 05/08/2008
Note: See comment section.			Ok to Issue: <input checked="" type="checkbox"/>

Comments:

5/8/2008-JF: For the record from Jim Carmody, Trans Eng.: Boyd Morrison of Gamble Design submitted a plan set of directional signs for the Maine Medical Center (MMC) on April 22, 2008. From my review of the signage and a subsequent meeting with Boyd Morrison on May 2, there were a series of changes to be made to the directional signs. The revised plans with those changes were submitted on May 7. I have reviewed the the revised plan sheets D1.2, D1.7 and D1.8 and approve the changes to the plans and the original plan set..

There were also some pedestrian crossing signs in the plan set that do not meet MUTCD standards. These signs are located on MMC property and not in the City's ROW. Therefore, I find the signs to be acceptable for pedestrain crossings within the MMC property.

James P. Carmody, P.E.
City Transportation Engineer
City of Portland

5/8/2008-jmb: Spoke with Boyd M. For installation details, he will email shop drawings for the freestanding signs and contact Neokraft for details on the lit box signs on the garage entry.

5/9/2008-jmb: Received email with fastening details, ok to issue

4/24/2008-mes: the C-41 Contract Zone states that "Signage shall comply with the requirements of sections 14-336 through 14-372.5 of the City Code, except as otherwise approved by the Planning Board under Chapter 14, Article V (site plan)" - the permit and package was given to Jean Frasier for the further review.

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