

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 081182

Please Read Application And Notes, If Any, Attached

This is to certify that MAINE MEDICAL CENTER Langford & Low, Inc.
has permission to Renovate Existing Postpartum Unit & Nursery, Upgrade New Accessible Patient Toilet/Shower Room, Enlarge Maternity Room, Misc Storage
AT 22 BRAMHALL ST 053 D007001

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 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.

Notification of inspection must be given and when permission procedure before this building or part thereof is started or closed-in. **24 HOUR 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. Clean

Health Dept. _____

Appeal Board _____

Other _____

Department Name _____

PERMIT ISSUED

OCT 16 2008

CITY OF PORTLAND

Jamie Bonke per Tammy M. 10/16/08
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1182	Issue Date:	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 207-662-4118
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-41

Past Use: Maine Medical Ctr- R-2 Inpatient	Proposed Use: Maine Medical Ctr- R-2 Inpatient - Renovate Existing Postpartum Unit & Nursery, Upgrade New accessible Patient Toilet/Shower Room, Enlarge Med Room, Misc Storage	Permit Fee: \$3,910.00	Cost of Work: \$389,000.00	CEO District: 2
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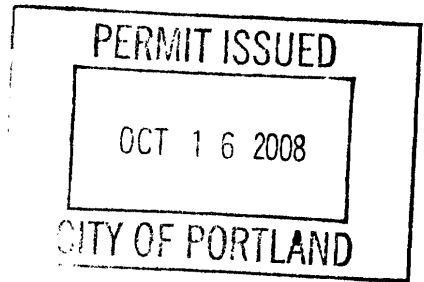
Proposed Project Description:
Renovate Existing Postpartum Unit & Nursery, Upgrade New accessible Patient Toilet/Shower Room, Enlarge Med Room, Misc Storage.

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>see conditions</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>IB</i> <i>TRC 2003</i> Signature: <i>[Signature]</i> 10/16/08
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: lmd	Date Applied For: 09/18/2008	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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 Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>OK 9/19/08</i>	Zoning Appeal <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: _____	Historic Preservation <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: _____
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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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



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>Maine Medical Center, 22 Bramhall Street</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	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 04102</u>	Telephone: <u>Rich SAKLAN</u> <u>662-4118</u>
53 D 007		
Lessee/DBA (If Applicable) SEP 18 2008	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>389,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>3,910-</u>
Current legal use (i.e. single family) <u>Patient Care.</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>Interior Renovations to the existing space. Also adding new sprinklers.</u>		
Contractor's name: <u>LANGRISH & 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>Gus Dougherty</u>		Telephone: <u>318-0546</u>
Mailing address: <u>248 WARREN AVE. PORTLAND, ME 04104.</u>		

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.

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: 9-18-08

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: CRAIG PIPER, AIA, ASLA, LEED AP

RE: Certificate of Design

DATE: 18 SEPTEMBER 2008

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER, RICHARDS 2 INPATIENT SERVICES (# 28059)

SMART PROJECT # 08103, INTERIOR RENOVATIONS, EXISTING STRUCTURE

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: [Handwritten Signature]

Title: PRINCIPAL

Firm: SMART

Address: 144 PINE STREET



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

ACCESSIBILITY CERTIFICATE

Designer: CRAIG PIPER, AIA, ASLA, LEED AP

Address of Project: MAINE MEDICAL CENTER, 22 BRAMHALL ST, 04102

Nature of Project: MISC RENOVATIONS TO EXISTING POSTPARTUM UNIT
AND NURSERY, NEW EAU WITH ACCESSIBLE TOILET,
NEW, ACCESSIBLE PATIENT TOILET/SHOWER ROOMS,
NEW, ENLARGED MED ROOMS, MISC. STORAGE.

SMART
PROJECT #
08103

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: 

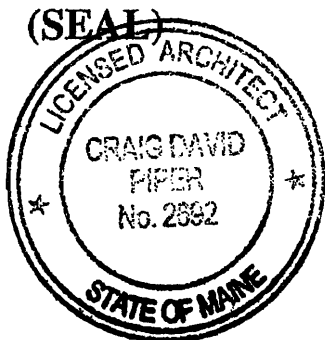
Title: PRINCIPAL

Firm: SMART

Address: 144 FOLE STREET

PORTLAND

Phone: 772-3846



FROM DESIGNER: CRAIG PIPER, AIA, ASLA, LEED AP

DATE: 18 SEPTEMBER 2008

Job Name: MAINE MEDICAL CENTER, RICHARDS 2 INPATIENT SERVICES (#28059)

Address of Construction: 22 BRAMHALL ST, PORTLAND, ME 04102

2003 International Building Code

Construction project was designed according to the building code criteria listed below:

Building Code and Year EXISTING STRUCTURE Use Group Classification(s) I-2, NO CHANGE OF USE

Type of Construction EXISTING CONSTRUCTION TYPE

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC YES

Is the Structure mixed use? NO if yes, separated or non separated (see Section 302.3) ---

Supervisory alarm system? YES Geotechnical/Soils report required? (See Section 1802.2) NO

STRUCTURAL DESIGN CALCULATIONS

<u>NO APPLICABLE</u>	<u>---</u>	Submitted for all structural members	<u>N/A</u>	Live load reduction
<u>EXISTING STRUCTURE</u>	<u>(108.1, 106.1.1)</u>		<u>N/A</u>	(1603.1.1, 1607.9, 1607.10)
DESIGN LOADS ON CONSTRUCTION DOCUMENTS				
(1603)	<u>N/A, EXISTING STRUCTURE</u>		<u>N/A</u>	Roof live loads (1603.1.2, 1607.11)
Uniformly distributed floor live loads (1603.1.1, 1607)			<u>N/A</u>	Roof snow loads (1603.1.3, 1608)
Floor Area Use	Loads Shown		<u>N/A</u>	Ground snow load, P_g (1608.2)
<u>N/A</u>	<u>N/A</u>		<u>N/A</u>	If $P_g > 10$ psf, flat-roof snow load, P_f (1608.3)
<u>---</u>	<u>---</u>		<u>N/A</u>	If $P_g > 10$ psf, snow exposure factor, C_e (Table 1608.3.1)
<u>---</u>	<u>---</u>		<u>N/A</u>	If $P_g > 10$ psf, snow load importance factor, I_s (Table 1604.6)
<u>---</u>	<u>---</u>		<u>N/A</u>	Roof thermal factor, C_t (Table 1608.3.2)
<u>---</u>	<u>---</u>		<u>N/A</u>	Sloped roof snowload, P_s (1608.4)
Wind loads (1603.1.4, 1609)			<u>N/A</u>	Seismic design category (1616.3)
<u>N/A</u>	Design option utilized (1609.1.1, 1609.6)		<u>N/A</u>	Basic seismic-force-resisting system (Table 1617.8.2)
<u>N/A</u>	Basic wind speed (1609.3)		<u>N/A</u>	Response modification coefficient, R , and deflection amplification factor, C_d (Table 1617.8.2)
<u>N/A</u>	Building category and wind importance factor, I_w (Table 1604.5, 1609.5)		<u>N/A</u>	Analysis procedure (1616.8, 1617.5)
<u>N/A</u>	Wind exposure category (1609.4)		<u>N/A</u>	Design base shear (1617.4, 1617.5.1)
<u>N/A</u>	Internal pressure coefficient (ASCE 7)			
<u>N/A</u>	Component and cladding pressures (1609.1.1, 1609.6.2.2)			Flood loads (1603.1.6, 1612)
<u>N/A</u>	Main force wind pressures (1609.1.1, 1609.6.2.1)		<u>N/A</u>	Flood hazard area (1612.3)
			<u>N/A</u>	Elevation of structure
Earthquake design data (1603.1.5, 1614 - 1623)				Other loads
<u>N/A</u>	Design option utilized (1614.1)		<u>N/A</u>	Concentrated loads (1607.4)
<u>N/A</u>	Seismic use group ("Category") (Table 1604.5, 1616.2)		<u>N/A</u>	Partition loads (1607.5)
<u>N/A</u>	Spectral response coefficients, S_{DS} & S_{D1} (1615.1)		<u>N/A</u>	Impact loads (1607.6)
<u>N/A</u>	Site class (1615.1.5)		<u>N/A</u>	Misc. loads (Table 1607.6, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1182	Date Applied For: 09/18/2008	CBL: 053 D007001
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Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Ctr- R-2 Inpatient - Renovate Existing Postpartum Unit & Nursery, Upgrade New accessible Patient Toilet/Shower Room, Enlarge Med Room, Misc Storage.	Proposed Project Description: Renovate Existing Postpartum Unit & Nursery, Upgrade New accessible Patient Toilet/Shower Room, Enlarge Med Room, Misc Storage.
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Dept: Zoning	Status: Approved	Reviewer: Marge Schmuckal	Approval Date: 09/19/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved with Conditions	Reviewer: Tammy Munson	Approval Date: 10/07/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1) All HVAC ductwork penetrations located in rated walls and smoke enclosure walls must have dampers installed. 2) Interior finishes shall be classified in accordance with ASTM E 84 for flame spread and smoke-developed indexes. 3) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712. 4) 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. 			
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Greg Cass	Approval Date: 10/14/2008
Note:			Ok to Issue: <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> 1) 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. 2) Walls in structure are to be labeled according to fire resistance rating. IE; 1 hr. / 2 hr. / smokeproof. 3) All means of egress to remain accessible at all times 4) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required. 5) A single source supplier should be used for all through penetrations. 6) All construction shall comply with NFPA 101 7) Application requires State Fire Marshal approval. 			