

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 081183

Please Read Application And Notes, If Any, Attached

This is to certify that MAINE MEDICAL CENTER Langford & Law, Inc.
has permission to Misc. Renovations, Upgrading Existing For New Space for Surgical Services
AT 22 BRAMHALL ST 053 D007001

provided that the person or persons in 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 procured 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.	<i>Chris Case</i>
Health Dept.	PERMIT ISSUED
Appeal Board	
Other	<div style="border: 1px solid black; padding: 5px;"> Department Name OCT 16 2008 </div>

Jeanie Bowke per Tammy M.
Director - Building & Inspection Services
10/16/08

PENALTY FOR REMOVING THIS CARD

CITY OF PORTLAND

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 08-1183	Issue Date:	CBL: 053 D007001
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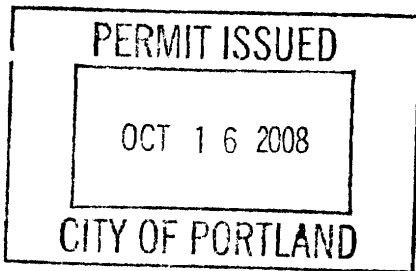
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 207-662-4118
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: CA1

Past Use: Maine Medical Ctr-LL Bean Surgical	Proposed Use: Maine Medical Ctr-LL Bean Surgical - Misc. Renovations, Upgrading Existing and/or New Space for use as a Surgical Services	Permit Fee: \$6,200.00	Cost of Work: \$617,846.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>1B</i> <i>IBC 2003</i> <i>10/16/08</i>	

Proposed Project Description: Misc. Renovations, Upgrading Existing and/or New Space for use as a Surgical Services	Signature: <i>Craig Cross</i>	Signature: <i>[Signature]</i>
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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<ol style="list-style-type: none"> 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 checked="" type="checkbox"/> MM Date: <i>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

- BEAM 2 (SURGICAL)



General Building Permit Application

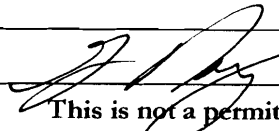
If you or the property owner owns real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

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 ST.</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>MR Rich SAKARD</u> <u>662-4118</u>
53 D 007		
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>617,846.</u> C of O Fee: \$ _____ Total Fee: \$ <u>6,200</u>
SEP 18 2008		
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 RENOVATION'S TO THE SURGICAL SUITE ON BEAM 2.</u>		
Contractor's name: <u>LANFORD + LOW, INC.</u>		
Address: <u>248 WARREN AVE.</u>		
City, State & Zip <u>PORTLAND MAINE 04104</u>		Telephone: <u>797-5141</u>
Who should we contact when the permit is ready: <u>645 DOUGHERY</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:  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, UED AP

RE: Certificate of Design

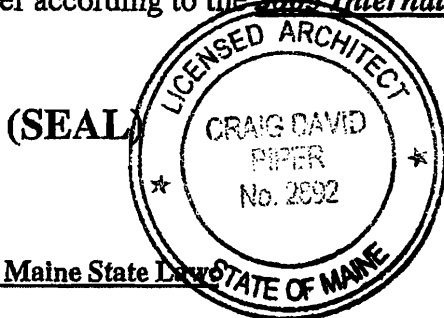
DATE: 18 SEPTEMBER 2008

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER, BEAN 2 SURGICAL SERVICES (#28061)

SMART PROJECT # 08098, 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.



Signature: [Handwritten Signature]

Title: PRINCIPAL

Firm: SMART

Address: 144 FOLF STREET
PORTLAND, MAINE

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.



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

ACCESSIBILITY CERTIFICATE

Designer: CRAIG PIPER, AIA, ASLA, UCED AP

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

Nature of Project: MISC. RENOVATIONS RELATED TO UPGRADING
EXISTING OR'S & NEW SPACE FOR
USE AS A SURGICAL SERVICES
SUITE. SMART PROJ. # 08098

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.

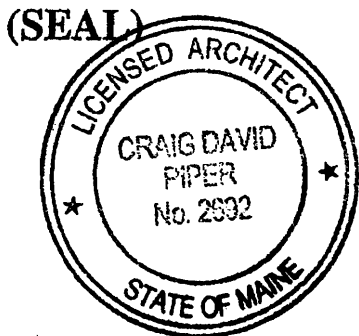
Signature: 

Title: PRINCIPAL

Firm: SMART

Address: 144 FOLF STREET
PORTLAND MAINE

Phone: 772-3846



FROM DESIGNER: CRAIG PIPER, BIA, ASLA, LEED AP
 DATE: 18 SEPTEMBER 2008
 Job Name: MAINE MEDICAL CENTER, BEAN 2 SURGICAL SERVICES (#28061)
 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

NOT APPLICABLE, Submitted for all structural members
 EXISTING STRUCTURE (108.1, 108.1.1)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1803) N/A, EXISTING STRUCTURE
 Uniformly distributed floor live loads (1803.1.1, 1807)

Floor Area Use	Loads Shown
<u>N/A</u>	<u>N/A</u>

Wind loads (1803.1.4, 1809)

N/A Design option utilized (1809.1.1, 1809.6)
N/A Basic wind speed (1809.3)
N/A Building category and wind importance factor, I_w (Table 1604.5, 1809.5)
N/A Wind exposure category (1809.4)
N/A Internal pressure coefficient (ASCE 7)
N/A Component and cladding pressures (1809.1.1, 1809.6.2.2)
N/A Main force wind pressures (1809.1.1, 1809.6.2.1)

Earthquake design data (1803.1.5, 1814 - 1823)

N/A Design option utilized (1814.1)
N/A Seismic use group ("Category") (Table 1604.5, 1816.2)
N/A Spectral response coefficients, S_{DS} & S_{D1} (1815.1)
N/A Site class (1815.1.5)

N/A Live load reduction (1803.1.1, 1807.9, 1807.10)
N/A Roof live loads (1803.1.2, 1807.11)
 Roof snow loads (1803.1.3, 1808)
N/A Ground snow load, P_g (1808.2)
N/A If $P_g > 10$ psf, flat-roof snow load, P_f (1808.3)
N/A If $P_g > 10$ psf, snow exposure factor, C_e (Table 1608.3.1)
N/A If $P_g > 10$ psf, snow load importance factor, I_s (Table 1604.5)
N/A Roof thermal factor, C_t (Table 1608.3.2)
N/A Sloped roof snowload, P_s (1808.4)
N/A Seismic design category (1816.3)
N/A Basic seismic-force-resisting system (Table 1617.6.2)
N/A Response modification coefficient, R , and deflection amplification factor, C_d (Table 1617.6.2)
N/A Analysis procedure (1816.6, 1617.5)
N/A Design base shear (1817.4, 1617.5.1)

Flood loads (1803.1.6, 1812)

N/A Flood hazard area (1812.3)
N/A Elevation of structure

Other loads

N/A Concentrated loads (1807.4)
N/A Partition loads (1807.5)
N/A Impact loads (1807.6)
N/A Misc. loads (Table 1807.6, 1807.8.1, 1807.7, 1807.12, 1807.13, 1810, 1811, 2404)

City of Portland, Maine - Building or Use Permit

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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 09/19/2008
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 10/07/2008
Note: **Ok to Issue:**

- 1) All HVAC penetrations in fire rated walls and smoke enclosure walls must have dampers installed.
- 2) 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.
- 3) Interior finishes shall be classified in accordance with ASTM E 84 for flame spread and smoke-developed indexes.
- 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:**

- 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.