

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING INSPECTION

### PERMIT

Permit Number: 081185

This is to certify that MAINE MEDICAL CENTER Langford & Jew, Inc.  
has permission to Misc. Renovations to Existing Maternity Unit, Add New, Full Accessible Patient Rooms, New Accessible Toilet  
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 procured before this building or part thereof is placed or occupied. **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

PERMIT ISSUED

OCT 16 2008

Department Name

CITY OF PORTLAND

Fire Dept.  
Health Dept.  
Appeal Board  
Other

*Janice Bonke* for *T. Munson*  
Director - Building & Inspection Services  
10/16/08

**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

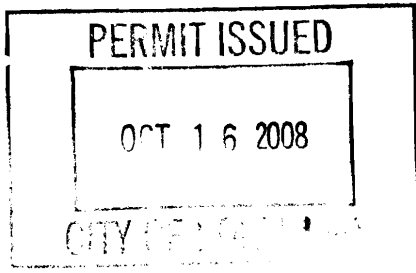
Permit No: 08-1185	Issue Date:	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 207-662-4118
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-41

Past Use: Maine Medical Ctr-LL Bean Inpatient	Proposed Use: Maine Medical Ctr-LL Bean Inpatient - Misc. Renovations to Existing Maternity Unit, Add 2 New, Fully Accessible Patient Rooms, New Accessible Toilet/Shower, OT/PT Space	Permit Fee: \$3,470.00	Cost of Work: \$345,000.00	CEO District: 2
Proposed Project Description: Misc. Renovations to Existing Maternity Unit, Add 2 New, Fully Accessible Patient Rooms, New Accessible Toilet/Shower, OT/PT Space.		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 2005</i> <i>10/16/08</i>	
		Signature: <i>Cecilia 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: 09/19/2008	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<b>Zoning Appeal</b> <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	<b>Historic Preservation</b> <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: <i>9/19/08</i>	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 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

<b>Permit No:</b> 08-1185	<b>Date Applied For:</b> 09/18/2008	<b>CBL:</b> 053 D007001
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<b>Location of Construction:</b> 22 BRAMHALL ST	<b>Owner Name:</b> MAINE MEDICAL CENTER	<b>Owner Address:</b> 22 BRAMHALL ST	<b>Phone:</b> 207-662-4118
<b>Business Name:</b>	<b>Contractor Name:</b> Langford & Low, Inc.	<b>Contractor Address:</b> PO Box 662 Portland	<b>Phone:</b> (207) 797-5141
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Maine Medical Ctr-LL Bean Inpatient - Misc. Renovations to Existing Maternity Unit, Add 2 New, Fully Accessible Patient Rooms, New Accessible Toilet/Shower, OT/PT Space.	<b>Proposed Project Description:</b> Misc. Renovations to Existing Maternity Unit, Add 2 New, Fully Accessible Patient Rooms, New Accessible Toilet/Shower, OT/PT Space.
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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 through rated assemblies must have approved fire 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:**

- 1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.  
Compliance letters are required.
- 2) 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.
- 3) All means of egress to remain accessible at all times
- 4) A single source supplier should be used for all through penetrations.
- 5) Walls in structure are to be labeled according to fire resistance rating.  
IE;      1 hr. / 2 hr. / smokeproof.
- 6) All construction shall comply with NFPA 101
- 7) Application requires State Fire Marshal approval.

BEAN 2 (Inpatients)



# General Building Permit Application

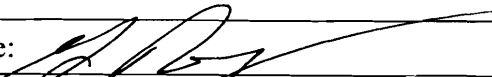
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

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#  <u>53      D      007</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 04102</u>	Telephone: <u>Rich SAKLAN</u> <u>662-4118</u>
Lessee/DBA (If Applicable)  <u>SEP 18 2008</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>345,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>3,470</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 BEAN 2 Inpatient Area as shown.</u>		
Contractor's name: <u>LANGEFORD &amp; 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>645 Doughty</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](http://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, MA, AIA, ASLA, LEED AP

RE: Certificate of Design

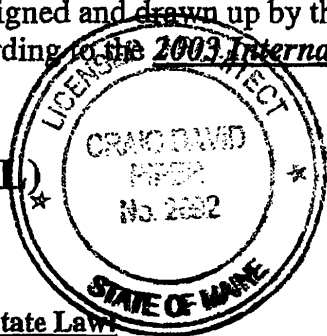
DATE: 18 SEPTEMBER 2008

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER, BEAN 2 INPATIENT SERVICES (# 28060)

SMART PROJECT # 08699, 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.

(SEAL)



Signature: [Signature]

Title: PRINCIPAL

Firm: SMART

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.

Address: 144 FOLF STREET  
PORTLAND, MAINE



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 RELATED TO EXISTING

MATERNITY UNIT, ADDING 2 NEW, FULLY  
ACCESSIBLE PATIENT ROOMS, NEW ACCESSIBLE  
TOILET/SHOWER, OT/PT SPACE.

SMART  
PROJ.# 08099

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: 

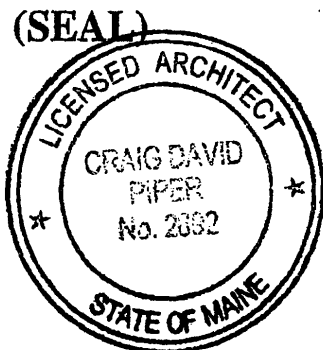
Title: PRINCIPAL

Firm: SMART

Address: 144 FORT STREET

PORTLAND, MAINE

Phone: 772-3846



FROM DESIGNER: CRAIG PIPER, AIA, ASLA, LEED AP  
 DATE: 18 SEPTEMBER 2008  
 Job Name: MAINE MEDICAL CENTER, SEAN 2 INPATIENT SERVICES (# 28060)  
 Address of Construction: 22 BLAMHALL 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, EXISTING STRUCTURE Submitted for all structural members (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 1804.5, 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 1804.5, 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, 1807.8, 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 1808.3.1)
- N/A If  $P_g > 10$  psf, snow load importance factor,  $I_s$  (Table 1804.5)
- N/A Roof thermal factor,  $C_t$  (Table 1808.3.2)
- N/A Sloped roof snowload,  $P_e$  (1808.4)
- N/A Seismic design category (1816.8)
- N/A Basic seismic-force-resisting system (Table 1817.8.2)
- N/A Response modification coefficient,  $R$ , and deflection amplification factor,  $C_d$  (Table 1817.8.2)
- N/A Analysis procedure (1816.8, 1817.5)
- N/A Design base shear (1817.4, 1817.5.1)

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 (1807.8)
- N/A Misc. loads (Table 1807.8, 1807.8.1, 1807.7, 1807.12, 1807.13, 1810, 1811, 2404)