

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

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 081203

**PERMIT ISSUED**

OCT 10 2008

CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER, Portland &

has permission to Interior fit-up finishes & replace equipment

AT 22 BRAMHALL ST

CB 053 D00700

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 written permission procured before this building or part thereof is lathed or otherwise red-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. 3/10/08 202

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_

Department Name

*[Signature]* 10/10/08

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: 08-1213	Issue Date:	CBL: 053 D007001
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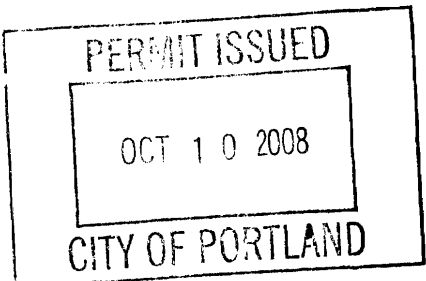
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C41

Past Use: Maine Medical Center - Basement Radiation Therapy	Proposed Use: Basement Radiation Therapy - Interior fit-up finishes & replace equipment	Permit Fee: \$1,820.00	Cost of Work: \$180,000.00	CEO District: 2
Proposed Project Description: Interior fit-up finishes & replace equipment		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>w/conditions</i> must comply with NFPA 101-2006 Signature: <i>[Signature]</i>		INSPECTION: Use Group: <i>I-2</i> Type: <i>1B</i> <i>IBC 2003</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: Idobson	Date Applied For: 09/26/2008	<b>Zoning Approval</b>		
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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	Zoning Appeal	Historic Preservation
<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"/> <i>OK w/condition</i> Date: <i>5/26/08</i> <i>ASB</i>	<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: _____	<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>ASB</i>



**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> 08-1213	<b>Date Applied For:</b> 09/26/2008	<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>
<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> Basement Radiation Therapy - Interior fit-up finishes & replace equipment	<b>Proposed Project Description:</b> Interior fit-up finishes & replace equipment
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 09/26/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 10/02/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Interior finishes shall be classified in accordance with ASTM E 84 for flame spread and smoke-developed indexes.			
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) 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.			
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ben Wallace Jr.	<b>Approval Date:</b> 10/08/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) All construction shall comply with NFPA 101			

<b>Comments:</b> 9/26/2008-amachado: Put permit in Jeanie's wire basket.
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# General Building Permit Application

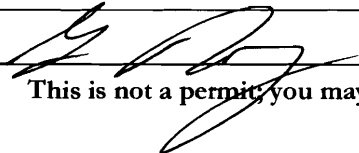
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>22 BRAMHALL STREET, PORTLAND, ME 04102</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>	Applicant * <b>must be owner, Lessee or Buyer</b> * Name <u>MAINE MEDICAL CENTER</u> Address <u>22 BRAMHALL STREET</u> City, State & Zip <u>PORTLAND, ME, 04102</u>	Telephone: <u>MARSHALL BASKETT</u> <u>662-2988</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>180,000</u> C of O Fee: \$ Total Fee: \$ <u>1820</u>
Current legal use (i.e. single family) <u>RADIATION THERAPY.</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>Re due finishes, and Replace equipment.</u>		
<u>Basement-</u>		
Contractor's name: <u>LANGFORD &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>GUS DAUGHNEY</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: 9-26-08

This is not a permit; you may not commence ANY work until the permit is issued



SEP 26 2008

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 D. PIPER, MA, ASLA, LEED AP

RE: Certificate of Design

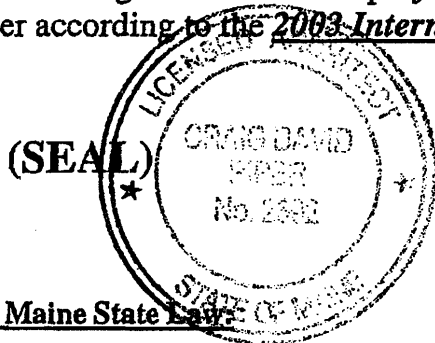
DATE: 23 September 2008


These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER, LINOL REPLACEMENT PROJECT

SMRT PROJ. # 08134

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:  CRAIG PIPER

Title: PRINCIPAL

Firm: SMRT INC.

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 FOREST.  
PORTLAND, ME

FROM DESIGNER: CRAIG D. PIPER, SIA, ASLA, LEED AP  
 DATE: 23 SEPTEMBER 2008  
 Job Name: MAINE MEDICAL CENTER LINAC REPLACEMENT PROJECT  
 Address of Construction: 22 BRANHALL ST. PORTLAND, ME

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  
 Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC \_\_\_\_\_  
 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 (106.1, 106.1.1)

DESIGN LOADS ON CONSTRUCTION DOCUMENTS (1603)

Uniformly distributed floor live loads (1603.1.1, 1607)

Floor Area Use Loads Shown

Floor Area Use	Loads Shown
<u>(N/A, EXISTING STRUCTURE)</u>	

Wind loads (1603.1.4, 1609)

<u>N/A</u>	Design option utilized (1609.1.1, 1609.6)
	Basic wind speed (1609.3)
	Building category and wind importance factor, $I_w$ (Table 1604.5, 1609.5)
	Wind exposure category (1609.4)
	Internal pressure coefficient (ASCE 7)
	Component and cladding pressures (1609.1.1, 1609.6.2.2)
	Main force wind pressures (1609.1.1, 1609.6.2.1)

Earthquake design data (1603.1.5, 1614 - 1623)

<u>N/A</u>	Design option utilized (1614.1)
	Seismic use group ("Category") (Table 1604.5, 1616.2)
	Spectral response coefficients, $S_{DS}$ & $S_{D1}$ (1615.1)
	Site class (1615.1.5)

N/A

Live load reduction (1603.1.1, 1607.9, 1607.10)

N/A

Roof live loads (1603.1.2, 1607.11)

Roof snow loads (1603.1.3, 1608)

N/A

Ground snow load,  $P_g$  (1608.2)

If  $P_g > 10$  psf, flat-roof snow load,  $P_f$  (1608.3)

If  $P_g > 10$  psf, snow exposure factor,  $C_e$  (Table 1608.3.1)

If  $P_g > 10$  psf, snow load importance factor,  $I_s$  (Table 1604.5)

Roof thermal factor,  $C_t$  (Table 1608.3.2)

Sloped roof snowload,  $P_s$  (1608.4)

Seismic design category (1616.3)

Basic seismic-force-resisting system (Table 1617.6.2)

Response modification coefficient,  $R$ , and deflection amplification factor,  $C_d$  (Table 1617.6.2)

Analysis procedure (1616.6, 1617.5)

Design base shear (1617.4, 1617.5.1)

Flood loads (1603.1.6, 1612)

N/A

Flood hazard area (1612.3)

N/A

Elevation of structure

Other loads

N/A

Concentrated loads (1607.4)

Partition loads (1607.5)

Impact loads (1607.6)

Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

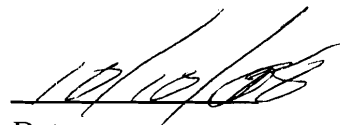
  X   **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

  
\_\_\_\_\_  
Signature of Applicant/Designee

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inspections Official

\_\_\_\_\_  
Date