

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

## BUILDING DEPARTMENT

### PERMIT

Permit Number: 081537

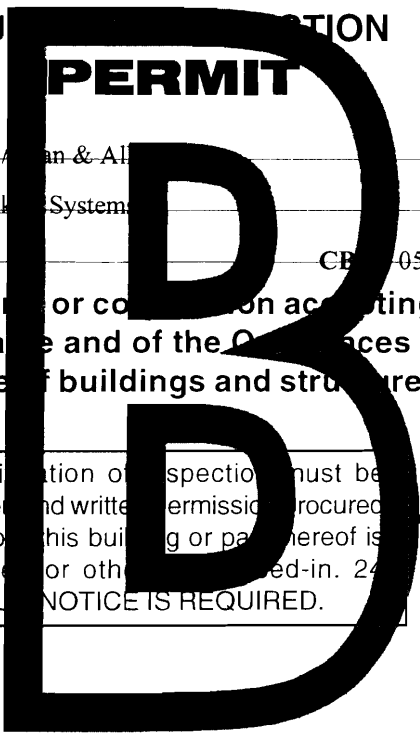
Please Read Application And Notes, If Any, Attached

This is to certify that MAINE MEDICAL CENTER an & Al

has permission to Re-Working the Existing Sprinkler System

AT 22 BRAMHALL ST CB 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 written permission procured before this building or part thereof is lath or other work is done-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. [Signature]  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name

12/14/05 [Signature]  
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

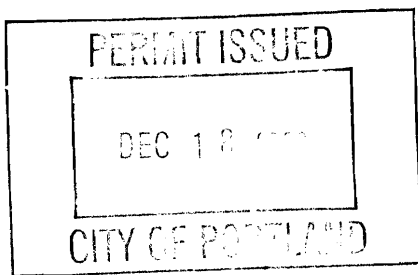
Permit No: 08-1537	Issue Date: 12/10/08	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 207-657-5646
Business Name:	Contractor Name: Dean & Allyn Inc.	Contractor Address: P.O. Box 709 Gray	Phone: 2076575646
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-4)

Past Use: Maine Medical Ctr/2nd Floor In-Patient Services	Proposed Use: Maine Medical Ctr/2nd Floor In-Patient Services - Re-Working the Existing Sprinkler Systems	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEO District: 2
Proposed Project Description: Re-Working the Existing Sprinkler Systems		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See conditions</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>2B</i> <i>IBC 2003</i> <i>IMC-2003</i> Signature: <i>12/10/08 dJA</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: 12/10/2008	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p><b>Special Zone or Reviews</b></p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>OK w/ condition</i></p> <p>Date: <i>12/11/08 JEM</i></p>	<p><b>Zoning Appeal</b></p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p><b>Historic Preservation</b></p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p><i>ABM</i></p> <p>Date: _____</p>
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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

# City of Portland, Maine - Building or Use Permit

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

<b>Permit No:</b> 08-1537	<b>Date Applied For:</b> 12/10/2008	<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> 207-657-5646
<b>Business Name:</b>	<b>Contractor Name:</b> Dean & Allyn Inc.	<b>Contractor Address:</b> P.O. Box 709 Gray	<b>Phone:</b> (207) 657-5646
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Maine Medical Ctr/2nd Floor In-Patient Services - Re-Working the Existing Sprinkler Systems	<b>Proposed Project Description:</b> Re-Working the Existing Sprinkler Systems
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 12/11/2008
<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> Chris Hanson	<b>Approval Date:</b> 12/16/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) 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.			
2) Separate permits are required for any electrical, plumbing, HVAC or exhaust 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> Capt Greg Cass	<b>Approval Date:</b> 12/11/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.			
2) A single source supplier should be used for all through penetrations.			
3) The sprinkler system shall be installed in accordance with NFPA 13.			
4) Application requires State Fire Marshal approval.			

**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   **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

HAVE PDF



# 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 BRAHMALL STREET PORTLAND, ME</u>		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>53          2          067</u>	Owner: <u>MAINE MEDICAL CENTER</u>	Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>207 - 657-5646</u> <u>DEAN &amp; ALYN INC</u> <u>P.O. BOX 709</u> <u>GRAY ME 04039</u>	Cost Of Work: \$ <u>15,000.00</u> Fee: \$ <u>170.00</u> C of O Fee: \$ _____
Current legal use (i.e. single family) <u>HOSPITAL</u>		
If vacant, what was the previous use? _____		
Proposed Specific use: _____		
Is property part of a subdivision? _____ If yes, please name _____		
Project description: <u>RE-WORKING THE EXISTING SPRINKLER SYSTEM</u> <u>IN THE SECOND FLOOR BEAN BLDG (IN-PATIENT SERVICES) OF THE MMC</u> <u>RENOVATIONS HOSPITAL.</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>JAMES R WHITE</u>		
Mailing address: _____ Phone: <u>207 657-5646</u>		

Please submit all of the information outlined in the Commercial Application 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 of applicant: <u>James R White</u>	Date: <u>12/9/08</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

# DEAN & ALLYN, INC.

FIRE PROTECTION • SPECIAL HAZARD

P.O. Box 709 • 32 Lewiston Road • Bldg. 1C  
 Gray, ME 04039-0709  
 207/657-5646 • fax 657-5647

## LETTER OF TRANSMITTAL

TO PORTLAND CITY HALL (BLDG DEPT)  
380 CONGRESS ST. ROOM 315 3RD FLOOR  
PORTLAND, ME 04101

DATE	12/9/08	JOB NO.	C824
ATTENTION	DONNA (PORTLAND BLDG DEPT)		
RE:	SPRINKLER PERMIT FOR THE IN-PATIENT SERVICES RENOVATION PROJECT IN THE BEAN BLDG OF THE MMC		

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

- Shop drawings     Prints     Plans     Samples     Specifications  
 Copy of letter     Change order     CD W/SPRINKLER LAYOUT (PDF VERSION)

COPIES	DATE	NO.	DESCRIPTION
1	12/9	1 of 1	SPRINKLER LAYOUT
1	12/9	1	PERMIT APPLICATION
1	12/9	1	CHECK # 18901 FOR \$ 170.00 (PERMIT FEE)

THESE ARE TRANSMITTED as checked below:

- For approval     Approved as submitted     Resubmit \_\_\_\_\_ copies for approval  
 For your use     Approved as noted     Submit \_\_\_\_\_ copies for distribution  
 As requested     Returned for corrections     Return \_\_\_\_\_ corrected prints  
 For review and comment     \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_     PRINTS RETURNED AFTER LOAN TO US

REMARKS

PLEASE FIND ENCLOSED THE SPRINKLER LAYOUT FOR THE IN-PATIENT SERVICES RENOVATION PROJECT IN THE LL. BEAN BLDG OF THE MMC RE-WORKING OF THE EXISTING SYSTEM

THANK YOU

COPY TO

FILE

SIGNED:

*Jane Blum*

If enclosures are not as noted, kindly notify us at once.