

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BU **CONSTRUCTION**

PERMIT

Permit Number: 081539

Please Read Application And Notes, If Any, Attached



This is to certify that MAINE MEDICAL CENTER, Inc. & A

has permission to Re-Working of the Sprinkler System

AT 22 BRAMHALL ST CP 053 D007001

provided that the person or persons, firm or corporation accounting 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.	<i>Checked</i>
Health Dept.	
Appeal Board	DEC 10
Other	
Department Name	
CITY OF PORTLAND	

12/16/08 *Chp*
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

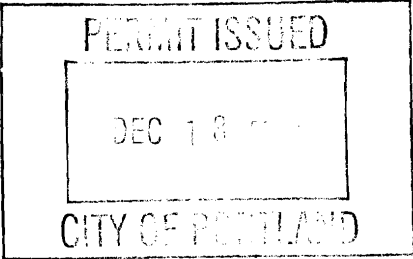
Permit No: 08-1539	Issue Date: 12/16/08	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 207-657-5646
Business Name:	Contractor Name: Dean & Allyn Inc.	Contractor Address: P.O. Box 709 Gray	Phone: 2076575646
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-41

Past Use: Maine Medical Ctr/2nd Floor Bean Bldg	Proposed Use: Maine Medical Ctr/2nd Floor Bean Bldg - Re-Working of the Sprinkler System.	Permit Fee: \$230.00	Cost of Work: \$21,000.00	CEO District: 2
Proposed Project Description: Re-Working of the Sprinkler System.		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>DB</i> <i>IMC-2003</i> <i>IBC-2003</i>	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i> 12/16/08	
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: imd	Date Applied For: 12/10/2008	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 type="checkbox"/> MM <input type="checkbox"/> <i>By [Signature]</i> Date: 12/11/08 <i>ABW</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 <i>ABW</i> 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

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

City of Portland, Maine - Building or Use Permit

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

Permit No: 08-1539	Date Applied For: 12/10/2008	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: (207) 657-5646
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Ctr/2nd Floor Bean Bldg - Re-Working of the Sprinkler System.	Proposed Project Description: Re-Working of the Sprinkler System.
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Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 12/11/2008
Note:	Ok to Issue: <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.			
Dept: Building	Status: Approved with Conditions	Reviewer: Chris Hanson	Approval Date: 12/16/2008
Note:	Ok to Issue: <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.			
Dept: Fire	Status: Approved with Conditions	Reviewer: Capt Greg Cass	Approval Date: 12/11/2008
Note:	Ok to Issue: <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.			

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: 22 BRAMHALL STREET - PORTLAND, ME		
Total Square Footage of Proposed Structure		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 53 D 007		Owner: MAINE MEDICAL CENTER Telephone:
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: DEAN & ALLYN INC P.O. BOX 709 GRAY ME 04039	Cost Of Work: \$ 21,000.00 Fee: \$ 230.00 C of O Fee: \$
Current legal use (i.e. single family) HOSPITAL If vacant, what was the previous use? Proposed Specific use: Is property part of a subdivision? If yes, please name Project description: RE-WORKING OF THE SPRINKLER SYSTEM AT THE SECOND FLOOR OF THE BEAN BLDG (SURGICAL SERVICES RENOVATION) AT THE MMC HOSPITAL.		
Contractor's name, address & telephone: Who should we contact when the permit is ready: JAMES R WHITE Mailing address: Phone: 207 657 5646 DEAN & ALLYN INC P.O. BOX 709 GRAY ME 04039		

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, 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: James R White	Date: 12/9/08
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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

DATE	12/9/08	JOB NO.	C821
ATTENTION	DONNA (PORTLAND BLDG DEPT)		
RE:	SPRINKLER PERMIT		
	FOR THE SURGICAL SERVICES		
	RENOVATION IN THE BEAN BLDG		
	AT MMC		

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

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/ PDF OF SPRINKLER LAYOUT

COPIES	DATE	NO.	DESCRIPTION
1	12/9	1 OF 1	SPRINKLER LAYOUT
1	12/9	1	CD - WITH SPRINKLER LAYOUT (PDF FORMAT)
1	12/9	1	PERMIT APPLICATION
1	12/9	1	CHECK # 18900 FOR \$ 230.00

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 SURGICAL SERVICES RENOVATION PROJECT IN THE L.L BEAN BLDG AT MMC RE-WIRING OF EXISTING SYSTEM

COPY TO FILE

SIGNED: Jan White

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