

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 090223

Please Read
Application And
Notes, If Any,
Attached

This is to certify that MAINE MEDICAL CENTER / L... ford &...

has permission to Interior renovations to R-9 w/ new courses st...

AT 22 BRAMHALL ST R-9 CBI 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 lathed or otherwise worked-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. CAPT. R. Santora

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Jamie Bonke 4/3/09
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: 09-0223	Issue Date:	CBL: 053 D007001
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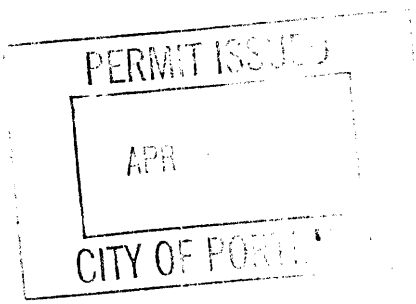
Location of Construction: 22 BRAMHALL ST R-9	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-4

Past Use: Commercial - Maine Med R-9	Proposed Use: Commercial - Maine Medical R-9 - Interior renovations to R-9 w/ new nurses station	Permit Fee: \$6,020.00	Cost of Work: \$600,000.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied * See Conditions	INSPECTION: Use Group: I-2 Type: IB FBC-2009	

Proposed Project Description: Interior renovations to R-9 w/ new nurses station	Signature:	Signature:
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: Ldobson	Date Applied For: 03/23/2009	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 Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 3/23/09	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



General Building Permit Application

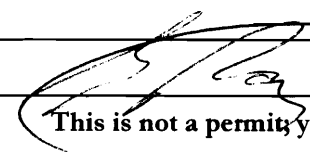
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>22 BRAMHALL STREET</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 * must 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>662-4118</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>600,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>6,020</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>This project consist of New Flooring in all PATIENT Rms. Repair of the med. Rooms, a new Nurses Station, repainting the entire floor. R9</u>		
Contractor's name: <u>LANCASTER & 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 Daugherty</u> Telephone: <u>797-5141</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: 3-20-09

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