

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

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| Permit No: 09-0842 | 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: 207-797-5141 |
| Business Name: Maine Medical Center | Contractor Name: Langford & Low, Inc. | Contractor Address: PO Box 662 Portland | Phone: 2077975141 |
| Lessee/Buyer's Name | Phone: | Permit Type: Alterations - Commercial | Zone: |

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|---|---|---|---------------------------------------|---------------------------|
| Past Use: Hospital / Maine Medical Center | Proposed Use: Maine Medical Center / Renovation of Cath Lab located on the 8th floor also upgrade and replace a few walls. Connected with SMRT Project # 09009. | Permit Fee: \$3,270.00 | Cost of Work: \$325,000.00 | CEO District: 2 |
| Proposed Project Description: Renovation of Cath Lab located on the 8th floor also upgrade and replace a few walls. Connected with SMRT Project # 09009 | | FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied | INSPECTION: Use Group: Type | |
| | | Signature: | Signature: | |
| PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) | | | | |
| Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied | | | | |
| | | Signature: | Date: | |

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| Permit Taken By: gg | Date Applied For: 07/22/2009 | Zoning Approval | | |
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| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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.. | Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zon <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Mino <input type="checkbox"/> MM <input type="checkbox"/> | Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Us <input type="checkbox"/> Interpretatio <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Historic Preservation <input type="checkbox"/> Not in District or Landma <input type="checkbox"/> Does Not Require Revie <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Condition <input type="checkbox"/> Denied |
| | Date: | 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 APPLICAN | ADDRESS | DATE | PHO |
| RESPONSIBLE PERSON IN CHARGE OF WORK, TIT | | DATE | PHO |

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|--|---|--------------------------------------|----------------------------------|
| Dept: Zoning | Status: Approved | Reviewer: Marge Schmuckal | Approval Date: 08/11/2009 |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| Dept: Building | Status: Approved with Conditions | Reviewer: Jeanine Bourke | Approval Date: 08/28/2009 |
| 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. | | | |
| 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm or HVAC or exhaust systems. Separate plans may need to be submitted for approval as a part of this process. | | | |
| Dept: Fire | Status: Approved with Conditions | Reviewer: Capt Keith Gautreau | Approval Date: 08/12/2009 |
| Note: | Ok to Issue: <input checked="" type="checkbox"/> | | |
| 1) No means of egress shall be affected by this renovation | | | |
| 2) All means of egress to remain accessible at all times | | | |
| 3) All construction shall comply with NFPA 101 | | | |
| 4) A single source supplier should be used for all through penetrations. | | | |

Comments:
8/11/2009-mes: yesterday on 8/10/09 I returned the permit to Gayle - there were no plans attached. She returned today 8/11/09.

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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO