

City of Portland, Maine - Building or Use Permit Application

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

| | | |
|------------------------------|--------------------|----------------------------|
| Permit No: 10-0117 | Issue Date: | CBL: 053 D007001 |
|------------------------------|--------------------|----------------------------|

| | | | |
|--|--|--|-------------------------------|
| Location of Construction: 22 Bramhall St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: 207-662-2447 |
| Business Name: Maine Medical Center | Contractor Name: Knowles Industrial Services | Contractor Address: 295 New Portland Road Gorham | Phone: 2078541900 |
| Lessee/Buyer's Name | Phone: | Permit Type: Commercial | Zone: |

| | | | | |
|--|---|---|--|---------------------------|
| Past Use: Commercial / Maine Medical Center Vehicle Parking. | Proposed Use: Maine Medical Center Vehicle Parking / Demo and installation of new stair framing for the parking garage. | Permit Fee: \$2,520.00 | Cost of Work: \$250,000.00 | CEO District: 2 |
| Proposed Project Description: Demo and installation of new stair framing for the parking garage. | | 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/Conditions <input type="checkbox"/> Denied | | | | |
| | | Signature: | Date: | |

| | | | | |
|---|--|---|---|---|
| Permit Taken By: gg | Date Applied For: 02/09/2010 | Zoning Approval | | |
| <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"/> Date: | 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 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: |

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 |

| | | | |
|--|--|--|-------------------------------|
| Location of Construction: 22 Bramhall St | Owner Name: Maine Medical Center | Owner Address: 22 Bramhall St | Phone: 207-662-2447 |
| Business Name: Maine Medical Center | Contractor Name: Knowles Industrial Services | Contractor Address: 295 New Portland Road Gorham | Phone: 2078541900 |
| Lessee/Buyer's Name | Phone: | Permit Type: Commercial | Zone: |

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 02/09/2010
Note: **Ok to Issue:**

- 1) It is understood that this stair tower is within the existing structure and not exterior to the existing structure.
- 2) 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:** Jeanine Bourke **Approval Date:** 03/01/2010
Note: **Ok to Issue:**

- 1) Prior to the final inspection a sealed letter shall be submitted to this office confirming that based on inspections performed all discrepancies have been corrected and the work is in substantial compliance with the approved plans.
- 2) Load test results for the composite stair tread utilizing the new phenolic resin (ASTM E 136 non combustibility) shall be submitted to this office, similar to the UMaine report dated Jan. 2008.
- 3) This permit is approved under IBC Sec. 3403.4, Existing Structures, which allows the alteration or replacement of existing stairs to not meet new construction dimensions when the space is restricted. Guardrails and handrails must comply with new codes to the fullest extent possible
- 4) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 02/18/2010
Note: **Ok to Issue:**

- 1) All construction shall comply with NFPA 1 and 101.

Comments:

2/22/2010-jmb: Left message for Tim R. To call, need information from Becker on the noncombustible composite tread material and load testing data performed in the shop.

3/1/2010-jmb: Received email from Todd N. On 2/25, reviewed and emailed back about inspection oversight and letter at substantial completion, ok to issue

2/25/2010-jmb: Spoke to Tim R., he suggested I contact Todd N. I emailed him for info

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