

# City of Portland, Maine - Building or Use Permit Application

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

<b>Permit No:</b> 10-0177	<b>Issue Date:</b>	<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>
<b>Business Name:</b>	<b>Contractor Name:</b> Herbert Construction, LLC	<b>Contractor Address:</b> 9 Gould Road Lewiston	<b>Phone</b> 2077832091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b>

<b>Past Use:</b> Maine Medical	<b>Proposed Use:</b> Maine Medical - Build 2 walls to deck, insulate for sound, relocate lights & sprinkler as needed. Install new door & frame - on ground floor	<b>Permit Fee:</b> \$170.00	<b>Cost of Work:</b> \$15,000.00	<b>CEO District:</b> 2
<b>Proposed Project Description:</b> Build 2 walls to deck, insulate for sound, relocate lights & sprinkler as needed. Install new door & frame - on ground floor		<b>FIRE DEPT:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: Type:	
		Signature:	Signature:	
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>				
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied				
		Signature:	Date:	

<b>Permit Taken By:</b> Idobson	<b>Date Applied For:</b> 02/26/2010	<b>Zoning Approval</b>		
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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..</li> </ol>	<b>Special Zone or Reviews</b> <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:	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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:
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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

<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>
<b>Business Name:</b>	<b>Contractor Name:</b> Herbert Construction, LLC	<b>Contractor Address:</b> 9 Gould Road Lewiston	<b>Phone</b> 2077832091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b>

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 02/26/2010  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 03/16/2010  
**Note:**      **Ok to Issue:**

- 1) 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.
- 2) 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:** 03/02/2010  
**Note:**      **Ok to Issue:**

- 1) No means of egress shall be affected by this renovation
- 2) All construction shall comply with NFPA 1 and 101.

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SIGNATURE OF APPLICANT

ADDRESS

DATE

PHONE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE