

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK  
**CITY OF PORTLAND**

Please Read  
Application And  
Notes, If Any,  
Attached

**BUILDING INSPECTION  
PERMIT**

PERMIT ISSUED  
Permit Number: 100433  
MAY 19 2010  
CITY OF PORTLAND

This is to certify that Maine Medical Center/Herbert Construction, LLC

has permission to Interior renovations

AT 22 Bramhall St

CBL 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 closed-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. N. [Signature]

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

[Signature]  
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: 10-0433	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:
Business Name: Maine Medical Center	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-1

Past Use: Maine Medical Center	Proposed Use: Maine Medical Center / Interior renovations	Permit Fee: \$910.00	Cost of Work: \$89,000.00	CEO District: 2
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Conditions Signature: <i>KG</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>2B</i> <i>IBC 2003</i> Signature: <i>[Signature]</i>
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Proposed Project Description:  
Interior renovations

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: gg	Date Applied For: 04/28/2010	<b>Zoning Approval</b>		
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- 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..

<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"/> <input type="checkbox"/> Denied Date: <i>5/3/10</i>	<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 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

# City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0433	Date Applied For: 04/28/2010	CBL: 053 D007001
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Location of Construction: 22 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone:
Business Name: Maine Medical Center	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone (207) 783-2091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Maine Medical Center / Interior renovations	Proposed Project Description: Interior renovations
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**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 05/03/2010  
**Note:**      **Ok to Issue:** ✓

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Tammy Munson      **Approval Date:** 05/17/2010  
**Note:**      **Ok to Issue:** ✓

- 1) All penetrations in rated walls/floors, etc. shall be protected with approved firestop materials.
- 2) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, commercial hood exhaust systems and fuel tanks. 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:** 05/05/2010  
**Note:**      **Ok to Issue:** ✓

- 1) Fire Alarm system shall be maintained.  
If system is to be off line over 4 hours a fire watch shall be in place.  
Dispatch notification required 874-8576.
- 2) Sprinkler protection shall be maintained.  
Where the system is to be shut down for maintenance or repair, the system shall be checked at the end of each day to insure the system has been placed back in service.
- 3) Fire extinguishers required. Installation per NFPA 10
- 4) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 5) Occupancies with an occupant load of 100 persons or more require panic hardware on all doors serving as a means of egress.
- 6) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance.  
Compliance letters are required.
- 7) A single source supplier should be used for all through penetrations.
- 8) Any cutting or welding and hot work taking place in a commercial building requires a separate "Hot Work Permit" from the Fire Department.
- 9) The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.
- 10) All construction shall comply with NFPA 1 and 101.
- 11) All smoke detectors and smoke alarms shall be photoelectric. Carbon Monoxide detectors are required in the dwelling units by State law.
- 12) System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

<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> Maine Medical Center	<b>Contractor Name:</b> Herbert Construction, LLC	<b>Contractor Address:</b> 9 Gould Road Lewiston	<b>Phone</b> (207) 783-2091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

**Comments:**

5/3/2010-gg: resceived pdf. /gg

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY )  
or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.
- Permits expire in 6 months, if the project is not started or ceases for 6 months.
- If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a “Stop Work Order” and subsequent release to continue with construction.

Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling

Final inspection required at completion of work.

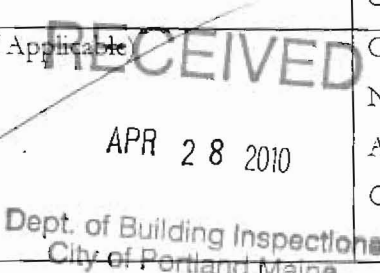
The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

**IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.**



# 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 St.</u>			Total Square Footage of Proposed Structure/Area		Square Footage of Lot	Number of Stories
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>053      D      007</u>			Applicant * <u>must be owner</u> , Lessee or Buyer* Name <u>MAINE Medical</u> Address <u>Center</u> City, State & Zip		Telephone:	
<div style="text-align: center;">  </div>			Owner (if different from Applicant) Name Address City, State & Zip		Cost Of Work: \$ <u>89,000</u>	
					C of O Fee: \$ <u>910.00</u> Total Fee: \$ <u>910.00</u>	
Current legal use (i.e. single family) _____			Number of Residential Units _____			
If vacant, what was the previous use? _____						
Proposed Specific use: _____						
Is property part of a subdivision? _____			If yes, please name _____			
Project description: <u>Interior Renovations: misc. walls/Doors/CASEWORK/Flooring Electrical, Plumbing &amp; AVPC, ceiling work</u>						
Contractor's name: <u>Herbert Construction</u> <del>XXXXXX</del>						
Address: <u>9 Gould Rd.</u>						
City, State & Zip <u>Lewiston ME 04240</u>			Telephone: <u>783-2091</u>			
Who should we contact when the permit is ready: <u>DAVE Emery</u>			Telephone: <u>783-2091</u>			
Mailing address: _____						

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](http://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: David Moore Date: 4/28/2010

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