| Cit | y of Portland, Mair | ne - Buil | lding or Use | Permi | t Application | ı F | Permit No: | Issue Date | : | CBL: | |
|--|---|--|---------------------------------------|---------------------------------|------------------------------------|---------------------------------------|--------------------------------|-------------------------------|-----------------------------|---------------------------------|---------|
| 389 | Congress Street, 0410 |)1 Tel: (2 | 207) 874-8703 | , Fax: | (207) 874-871 | 5 | 10-0433 | | | 053 D0 | 07001 |
| Location of Construction: Owner Name: | | | | (| | Owner Address: | | | Phone: | | |
| 22 Bramhall St Maine Medic | | | Maine Medica | al Center | | 22 | Bramhall St | | | | |
| Business Name: Contractor | | | | : | | Con | tractor Address | : | | Phone | |
| Maine Medical Center Herbert Co | | | | struction, LLC | | 9 Gould Road Lewiston | | | 20778320 | 2077832091 | |
| Lessee/Buyer's Name Phone: | | | | | | | mit Type: | | | | Zone: |
| | | | | | | A) | lterations - Co | ommercial | | | |
| Past | Use: | | Proposed Use: | | | Per | mit Fee: | Cost of Wor | k: | CEO District: | |
| Maine Medical Center /Pharmacy Maine Medic | | | | al Center / Interior | | | \$910.00 | \$89,00 | 00.00 | 2 | |
| 1st | floor | | renovations | | | FIRE DEPT: | | Approved | | CTION: | |
| | | | | | | | | Denied | Use Gr | oup: | Type: |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | posed Project Description: | | | | | | | | | | |
| Inte | erior renovations | | | | | Signature: Signature | | | | | |
| | | | | | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.) | | | | P.A.D.) | |
| | | | | | | Act | ion: Appro | oved App | proved w | /Conditions | Denied |
| | | | | | | Signature: | | | | Date: | |
| Pern | nit Taken By: | Date Ap | oplied For: | | | Zoning Approval | | | ıl | | |
| gg | | _ | 3/2010 | | | Zoning Approvai | | | | | |
| 1. | | does not | nreclude the | Special Zone or Reviews | | ws | Zon | Zoning Appeal | | Historic Preservation | |
| 1. | | his permit application does not preclude the pplicant(s) from meeting applicable State and ederal Rules. | | ☐ Shoreland | | ☐ Varian | ☐ Variance | | Not in District or Landmark | | |
| 2. | Building permits do not include plumbing, septic or electrical work. | | ☐ Wetland | | Miscel | Miscellaneous | | Does Not Require Review | | | |
| 3. | Building permits are void if work is not started within six (6) months of the date of issuance. | | | Flood Zone | | Condit | Conditional Use | | Requires Rev | view | |
| False information may invalidate a building permit and stop all work | | | Subdivision | | Interpr | Interpretation | | Approved | | | |
| | | | Site Plan | | | Appro | Approved | | Approved w/Conditions | | |
| | | | Maj Minor MM | | | Denied | | | Denied | | |
| | | | Date: | | | Date: | Date: | | Date: | | |
| that this repr | reby certify that I am the I have been authorized b jurisdiction. In addition resentative shall have the e(s) applicable to such pe | oy the own , if a perm authority | ner to make this nit for work desc | amed pr applica cribed in | tion as his authon the application | he prize | ed agent and I ssued, I certif | agree to con y that the co | form to de offic | all applicable ial's authorized | laws of |
| | | | | | | | | | | | |
| SIG | NATURE OF APPLICANT | | | | ADDRESS | S | | DATE | <u> </u> | РНО | NE |
| | | | | | | | | | | | |

| | ation of Construction: | Owner Name: | | Owner Address: | Phone: | | | | | |
|----------------------|---|--|------------------------------------|--|--|----------------------------------|--|--|--|--|
| | Bramhall St | Maine Medical Center | • | 22 Bramhall St | | | | | | |
| | iness Name: | Contractor Name: | | Contractor Address: | | Phone | | | | |
| | aine Medical Center | Herbert Construction, | LLC | 9 Gould Road Lewiston | | 2077832091 | | | | |
| Less | see/Buyer's Name | Phone: | | Permit Type: | | Zone: | | | | |
| | | | | Alterations - Commerc | ıal | | | | | |
| | ept: Zoning Status: A ote: | approved | Reviewer | Marge Schmuckal | Approval Da | te: 05/03/2010 Ok to Issue: ✓ | | | | |
| No | ept: Building Status: A ote: All penetrations in rated walls/flo | approved with Condition | | Tammy Munson | Approval Da | te: 05/17/2010 Ok to Issue: | | | | |
| | - | - | | - | 1: | . 1 | | | | |
| 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. | | | | | | | | | |
| De | ept: Fire Status: A | approved with Condition | s Reviewer | Capt Keith Gautreau | Approval Da | ite: 05/05/2010 | | | | |
| No | ote: | | | | 1 | Ok to Issue: 🔽 | | | | |
| | 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. 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 | | | | | | | | | |
| 3) | 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) | 5) Occupancies with an occupant load of 100 persons or more require panic harware 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) | 7) A single source supplier should be used for all through penetrations. | | | | | | | | | |
| 8) | 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 | O All construction shall comply with NFPA 1 and 101. | | | | | | | | | |
| 11 | All smoke detectors and smoke all State law. | larms shall be photoelec | tric. Carbon Mo | onoxide detectors are req | uired in the dwe | elling units by | | | | |
| | | C | ERTIFICATION |)N | | | | | | |
| that this repr | ereby certify that I am the owner of it I have been authorized by the own i jurisdiction. In addition, if a pern resentative shall have the authority le(s) applicable to such permit. | ner to make this applicat nit for work described in | tion as his author the application | rized agent and I agree to is issued, I certify that the | o conform to all ne code official's | applicable laws of authorized | | | | |
| SIG | GNATURE OF APPLICANT | | ADDRESS | | DATE | PHONE | | | | |
| | | | | | | | | | | |

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

| Location of Construction: | Owner Name: | | Owner Address: | Phone: | | |
|---------------------------|---------------------------|--|--------------------------|----------------------|-------|--|
| 22 Bramhall St | Maine Medical Center | | 22 Bramhall St | | | |
| Business Name: | Contractor Name: | | Contractor Address: | Phone | Phone | |
| Maine Medical Center | Herbert Construction, LLC | | 9 Gould Road Lewiston | ad Lewiston 20778320 | | |
| Lessee/Buyer's Name | Phone: | | Permit Type: | | Zone: | |
| | | | Alterations - Commercial | | | |

12 System acceptance and commissioning must be co-ordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.

Comments:

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

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 |
|------------------------|---------|------|-------|
| | | | |
| | | | |