

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

BUILDING DEPARTMENT

## PERMIT

Permit Number: 100706

Please Read Application And Notes, if Any, Attached

PERMIT ISSUED

This is to certify that MAINE MEDICAL CENTER Robert Co LLC

has permission to Expand Rehab area in Barbara wing

AT 22 BRAMHALL ST

CE 053 D007001

JUN 26 2010

provided that the person or persons, firm or corporation accounting for 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 red-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. R. Santos

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

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

Other \_\_\_\_\_

Department Name

*James Bowke* 6/29/10  
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: 10-0706	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:	Contractor Name: Herbert Construction, LLC	Contractor Address: 9 Gould Road Lewiston	Phone: 2077832091
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: C-4

Past Use: Maine Medical	Proposed Use: Maine Medical - Expand Rehab area in Barbara Bush wing	Permit Fee: \$390.00	Cost of Work: \$36,600.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied *See Conditions	INSPECTION: Use Group: I/B Type: IB IBC 2003	

Proposed Project Description: Expand Rehab area in Barbara Bush wing	Signature: <i>(KC)</i>	Signature: <i>JMB 6/29/10</i>
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: Idobson	Date Applied For: 06/16/2010	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<p>Special Zone or Reviews</p> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> Major <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM	<p>Zoning Appeal</p> <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	<p>Historic Preservation</p> <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: <i>6/17/10</i>	Date: _____	Date: _____

**PERMIT ISSUED**

JUN 26 2010

City of Portland

**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

## 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.

PERMIT ISSUED

JUN 26 2010

City of Portland

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 10-0706	<b>Date Applied For:</b> 06/16/2010	<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> (207) 783-2091
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Maine Medical - Expand Rehab area in Barbara Bush wing	<b>Proposed Project Description:</b> Expand Rehab area in Barbara Bush wing
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 06/17/2010
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>

<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Jeanine Bourke	<b>Approval Date:</b> 06/29/2010
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.</li> </ol>			

<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Capt Keith Gautreau	<b>Approval Date:</b> 06/22/2010
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> <li>1) All means of egress to remain accessible at all times</li> <li>2) No means of egress shall be affected by this renovation</li> <li>3) Fire extinguishers required. Installation per NFPA 10</li> <li>4) 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.</li> <li>5) A separate Fire Alarm Permit is required for new systems; or for work effecting more than 5 fire alarm devices; or replacement of a fire alarm panel with a different model .</li> <li>6) A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.</li> <li>7) All construction shall comply with NFPA 1 and 101.</li> </ol>			



# 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 <u>N/A</u>		Square Footage of Lot <u>N/A</u>	Number of Stories
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>53          D          7</u>		Applicant *must be owner, Lessee or Buyer* Name <u>MAIZE MEDICAL CENTER</u> Address <u>22 BRAMHALL ST</u> City, State & Zip <u>PORTLAND</u>	Telephone: <u>602-3323</u>
Lessee/DBA (If Applicable)		Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>36,000</u> C of O Fee: \$ _____ Total Fee: \$ <u>390.00</u>
Current legal use (i.e. single family) <u>ME MED</u> 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>REHAB AREA EXPANSION</u>			
Contractor's name: <u>HEBERT CONSTRUCTION</u>			
Address: _____			
City, State & Zip _____		Telephone: <u>212-2173</u>	
Who should we contact when the permit is ready: <u>DAVE MOORE</u>		Telephone: _____	
Mailing address: <u>will 662-3323</u>			

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 time to enforce the provisions of the codes applicable to this permit.

RECEIVED

Signature: [Signature] Date: 6/16/10

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

JUN 16 2010

Dept. of Building Inspections  
City of Portland Maine



**CITY OF PORTLAND, MAINE**  
 Department of Building Inspections

**Original Receipt**

6-16 20 10

Received from Merrill Med

Location of Work 22 Branchhall

Cost of Construction \$ \_\_\_\_\_ Building Fee: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Site Fee: \_\_\_\_\_

Certificate of Occupancy Fee: \_\_\_\_\_

Total: 390

Building (I1) Plumbing (I5) Electrical (I2) Site Plan (U2)

Other \_\_\_\_\_

CBL: 53-D-7

Check #: 2164197 Total Collected \$ 390

**No work is to be started until permit issued.  
 Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy  
 YELLOW - Office Copy  
 PINK - Permit Copy