

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION PERMIT

Permit Number: 100792

PERMIT ISSUED

Please Read Application And Notes, If Any, Attached

This is to certify that MAINE MEDICAL CENTER/Herbert Construction, LLC

has permission to Fit-up of office space into flower shop

AT 22 BRAMHALL ST

CBI 053 D007001 JUL 23 2010

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. R. [Signature]

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

SCAN

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-0792	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: G-41

Past Use: Maine Medical Center Vacant office	Proposed Use: Maine Medical Center - Flower Shop - Fit-up of office space into flower shop	Permit Fee: \$1,595.00	Cost of Work: \$149,688.00	CEO District: 2
Proposed Project Description: Fit-up of office space into flower shop		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>* See Conditions</i>	INSPECTION: Use Group: <i>I-2</i> Type: <i>1A</i> <i>TBC 2003</i>	
<i>EAST Tower - Ground level</i>		Signature: <i>(KB)</i>	Signature: <i>(Signature)</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: 07/06/2010	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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..	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: <i>7/6/10</i>	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 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>(Signature)</i>
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PERMIT ISSUED

JUL 23 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

see large plan AE101 for fire walls.

8-4-18

12' IHR wall not same as plan

not a rated door

Survey AE101 shows the whole wall
Amend plan

PS on fire wall ask Jones

~~600 sq ft flower shop~~

~~exterior to interior~~

all good Ben, Brian + I

OK to issue and close at
LLA

Cost is 600 sq ft flower
shop

ground level east fence

City of Portland, Maine - Building or Use Permit

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

Permit No: 10-0792	Date Applied For: 07/06/2010	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:	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 - Flower Shop - Fit-up of office space into flower shop - east tower ground level	Proposed Project Description: Fit-up of office space into flower shop
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Dept: Zoning **Status:** Approved **Reviewer:** Marge Schmuckal **Approval Date:** 07/06/2010
Note: **Ok to Issue:**

Dept: Building **Status:** Approved with Conditions **Reviewer:** **Approval Date:** **Ok to Issue:**

- 1) 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.
- 2) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 3) 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 including fire dampers in duct work.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Capt Keith Gautreau **Approval Date:** 07/07/2010
Note: **Ok to Issue:**

- 1) No means of egress shall be affected by this renovation
- 2) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.

PERMIT ISSUED

JUL 23 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)
or email: 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.

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

 X 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

JUL 23 2010

City of Portland



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: 22 Bramhall St.		
Total Square Footage of Proposed Structure/Area 600 SF	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 53 D 7	Applicant * must be owner, Lessee or Buyer * Name Maine Medical Center Address 22 Bramhall St. City, State & Zip Portland, ME 04102	Telephone: 207-662-6149
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$149,688.00 C of O Fee: \$ 75 Total Fee: \$1,595
Current legal use (i.e. single family) <u>Shell Space / Office</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Flower Shop</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>Fit-up of office space into flower shop.</u>		
Contractor's name: <u>Hebert Construction, LLC</u> Address: <u>9 Gould Road</u> City, State & Zip: <u>Lewiston, ME 04240</u> Telephone: <u>207-783-2091</u> Who should we contact when the permit is ready: <u>Timothy Hebert</u> Telephone: <u>207-783-2091</u> Mailing address: <u>9 Gould Road, Lewiston, ME 04240</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, 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.

RECEIVED
JUN 6 2010
Dept. of Building Inspections
City of Portland Maine

Daniel R Hebert

Signature:

Daniel R. Hebert/President

Date: June 24, 2010

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



Certificate of Design Application

From Designer: Carol Gillis, AIA / Design Group Collaborative
 Date: July 1, 2010
 Job Name: Maine Medical Center - Flower Box Renovations
 Address of Construction: 22 Bramhall Street, Portland, ME 04101

2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year IBC 2003 Use Group Classification (s) Institutional - I2

Type of Construction IX

Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC yes

Is the Structure mixed use? no If yes, separated or non separated or non separated (section 302.3)

Supervisory alarm System? yes Geotechnical/Soils report required? (See Section 1802.2) N/A

Structural Design Calculations

N/A Submitted for all structural members (106.1 - 106.11)

Design Loads on Construction Documents (1603)

Uniformly distributed floor live loads (7603.11, 1807)

Floor Area Use	Loads Shown
<u>N/A</u>	

Wind loads (1603.1.4, 1609)

N/A Design option utilized (1609.1.1, 1609.6)
 Basic wind speed (1809.3)
 Building category and wind importance Factor, w
 table 1604.5, 1609.5)
 Wind exposure category (1609.4)
 Internal pressure coefficient (ASCE 7)
 Component and cladding pressures (1609.1.1, 1609.6.2.2)
 Main force wind pressures (7603.1.1, 1609.6.2.1)

Earth design data (1603.1.5, 1614-1623)

N/A Design option utilized (1614.1)
 Seismic use group ("Category")
 Spectral response coefficients, S_D s & S_I (1615.1)
 Site class (1615.1.5)

N/A Live load reduction
 Roof live loads (1603.1.2, 1607.11)
 Roof snow loads (1603.7.3, 1608)
 Ground snow load, P_g (1608.2)
 If $P_g > 10$ psf, flat-roof snow load S_f
 If $P_g > 10$ psf, snow exposure factor, C_e
 If $P_g > 10$ psf, snow load importance factor, I_s
 Roof thermal factor, C_t (1608.4)
 Sloped roof snowload, P_s (1608.4)
 Seismic design category (1616.3)
 Basic seismic force resisting system (1617.6.2)
 Response modification coefficient, R_r and
 deflection amplification factor, C_d (1617.6.2)
 Analysis procedure (1616.6, 1617.5)
 Design base shear (1617.4, 1617.5.1)

Flood loads (1803.1.6, 1612)

N/A Flood Hazard area (1612.3)
 Elevation of structure

Other loads

N/A Concentrated loads (1607.4)
 Partition loads (1607.5)
 Misc. loads (Table 1607.8, 1607.6.1, 1607.7,
 1607.12, 1607.13, 1610, 1611, 2404)



Certificate of Design

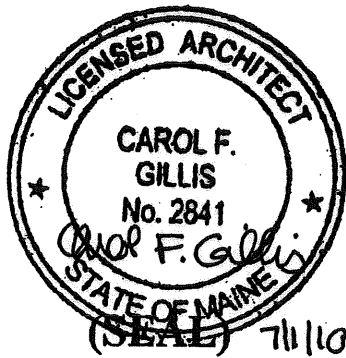
Date: July 1, 2010

From: Carol Gillis, AIA

These plans and / or specifications covering construction work on:

Maine Medical Center - Flower Box Renovations

To the best of my knowledge, information and belief,
Have been designed and drawn up by the undersigned, a Maine registered Architect /
Engineer according to the *2003 International Building Code* and local amendments.



Signature: Carol Gillis

Title: Architect

Firm: Design Group Collaborative

Address: 22 Free Street, Ste. 303

Portland, ME 04101

Phone: (207) 609-3300

For more information or to download this form and other permit applications visit the Inspections Division
on our website at www.portlandmaine.gov



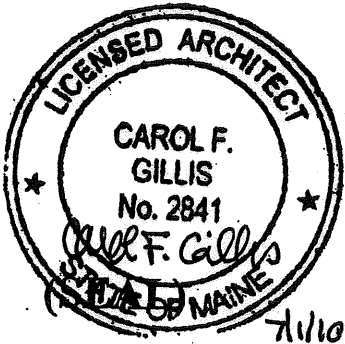
Accessibility Building Code Certificate

Designer: Carol Gillis, AIA

Address of Project: 22 Bramhall Street, Portland, Maine 04102

Nature of Project: Interior fit-up of existing shell space.

To the best of my knowledge, information and belief,
The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



Signature: Carol Gillis

Title: Architect

Firm: Design Group Collaborative

Address: 22 Free Street, Ste. 303
Portland, ME 04101

Phone: (207) 699-3300

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