

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 101153

PERMIT ISSUED

This is to certify that MAINE MEDICAL CENTER / Scarborough &
has permission to add new angio room to current suite, all new mechanical systems
AT 22 BRAMHALL ST Angio Basement CB# 053 D007001 OCT 19

provided that the person or persons, firm or contractor 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 lath or other work is laid-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. K. Stouffer
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: 10-1153	Issue Date:	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST Angio Baseme	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	Zone: C-41

Past Use: Maine Medical -Angio Basement	Proposed Use: Maine Medical -Angio Basement - add new angio room to current angio suite, add all new mechanical systems	Permit Fee: \$11,020.00	Cost of Work: \$1,100,000.00	CEO District: 2
		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>IBC 2003</i>	

Proposed Project Description: add new angio room to current angio suite, add all new mechanical systems	Signature:	Signature:
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: 09/17/2010	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>9/20/10</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:
	<p>PERMIT ISSUED</p> <p>OCT 19</p> <p>City of Portland</p>		

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: 10-1153	Date Applied For: 09/17/2010	CBL: 053 D007001
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Location of Construction: 22 BRAMHALL ST Angio Baseme	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	

Proposed Use: Maine Medical -Angio Basement - add new angio room to current angio suite, add all new mechanical systems	Proposed Project Description: add new angio room to current angio suite, add all new mechanical systems
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Dept: Zoning Status: Approved Reviewer: Marge Schmuckal Approval Date: 09/20/2010
 Note: Ok to Issue: ✓

Dept: Building Status: Approved with Conditions Reviewer: Tammy Munson Approval Date: 10/19/2010
 Note: Ok to Issue: ✓

- 1) An inspection of the installation of the steel and concrete and structural bracing shall be conducted by a licensed engineer and a letter with his/her certification shall be submitted to this office stating compliance with the approved plans by the final inspection or CO.
- 2) 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.
- 3) Any ventilation work penetrating any rated walls shall have fire dampers installed.
- 4) Any exposed steel shall be treated with fire rated spray material prior to being closed in.
- 5) Separate permits are required for any electrical, plumbing, sprinkler, fire alarm HVAC systems, heating appliances, including pellet/wood stoves, 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: 09/28/2010
 Note: Ok to Issue: ✓

- 1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 2) This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
- 3) All construction shall comply with City Code Chapter 10.
- 4) A single source supplier should be used for all through penetrations.
- 5) 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.
- 6) Occupancies with an occupant load of 100 persons or more require panic hardware on all doors serving as a means of egress.
- 7) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 8) All means of egress to remain accessible at all times
- 9) Fire extinguishers required. Installation per NFPA 10

PERMIT ISSUED

OCT 19

City of Portland

Location of Construction: 22 BRAMHALL ST Anglo Baseme	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone (207) 797-5141
Lessee/Buyer's Name	Phone:	Permit Type: Commercial	

- 10 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.
- 11 Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.
- 12 No means of egress shall be affected by this renovation
- 13 Any cutting or welding and hot work taking place in a commercial building requires a separate "Hot Work Permit" from the Fire Department.

PERMIT ISSUED

OCT 19

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

OCT 19

City of Portland



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

9.17.10

Hayford & Ford
22 Breckin

Received from

Location of Work

Cost of Construction \$ _____ Building Fee _____

Permit Fee \$ _____ Site Fee _____

Certificate of Occupancy Fee: _____

Total: 41,020

Building (B) _____ Plumbing (P) _____ Electrical (E) _____ Site Plan (SP) _____

Other _____

CB: SS-D-7

Check #: 40579

Total Collected: 41,020

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

Taken by: [Signature]

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



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. Basement</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>	Applicant *must be owner, Lessee or Buyer* Name <u>MARSHALL BARTLETT</u> Address <u>22 Bramhall Street</u> City, State & Zip <u>Portland ME 04102</u>	Telephone: <u>662-2988</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Amia Medical Centre</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland ME 04102</u>	Cost Of Work: <u>\$1,100,000</u> C of O Fee: <u>\$</u> Total Fee: <u>\$11,020</u>
Current legal use (i.e. single family) <u>Angio Suite</u>		
If vacant, what was the previous use? _____		
Proposed Specific use: <u>Angio Suite</u>		
Is property part of a subdivision? _____ If yes, please name _____		
Project description: <u>Add a new Angio Room to the current Angio Suite and add all new mechanical systems</u>		
Contractor's name: <u>Langford & Low, Inc.</u>		
Address: <u>248 Warren Ave.</u>		
City, State & Zip <u>Portland ME 04104</u>		Telephone: <u>797-5141</u>
Who should we contact when the permit is ready: <u>645 Doughty</u>		Telephone: <u>797-5141</u>
Mailing address: <u>248 Warren Ave. Portland ME 04104</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 the property has authorized me 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: [Signature] Date: 9-8-10

RECEIVED
SEP 10 2010

Dept. of Building Inspections
City of Portland Maine

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



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: DEREK J. VEILLEUX, AIA, NCARB

RE: Certificate of Design

DATE: 8.24.10

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER ANGIO RENOVATIONS.

PROJECT AT THE MMC BRAMHALL CAMPUS #09022-01

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer as required by the 2003 International Building Code and local amendments.



As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

Signature: Derek Veilleux

Title: ARCHITECT

Firm: SMRT INC

Address: 144 FORE ST.
PORTLAND, ME 04101

FROM DESIGNER: DEREK J. VEILLEUX, AIA, NLA&E

DATE: 8.27.10

Job Name: M.M.C. ANNEX RENOVATION

Address of Construction: 22 BEAUMONT ST. PORTLAND, ME 04102

2003 International Building Code

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

Building Code and Year EXISTING STRUCTURE Use Group Classification(s) I-2, NO CHANGE

Type of Construction EXISTING

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 (see Section 302.3) -

Supervisory alarm system? YES Geotechnical/Soils report required? (See Section 1802.2) NO

STRUCTURAL DESIGN CALCULATIONS

N/A submitted for all structural members
(1003.1, 1003.1.1)
EXISTING STRUCTURE

DESIGN LOADS ON CONSTRUCTION DOCUMENTS
(1603)

Uniformly distributed floor live loads (1603.1.1, 1607)

Floor Area Use Loads Shown

N/A, EXISTING STRUCTURE

Wind loads (1603.1.4, 1609)

N/A Design option utilized (1609.1.1, 1609.6)
Basic wind speed (1609.3)
Building category and wind importance factor, I_w (Table 1604.5, 1609.6)
Wind exposure category (1609.4)
Internal pressure coefficient (ASCE 7)
Component and cladding pressures (1609.1.1, 1609.6.2.2)
Y Main force wind pressure (1609.1.1, 1609.6.2.1)

Earthquake design data (1603.1.5, 1614 - 1623)

N/A Design option utilized (1614.1)
Seismic use group ("Category") (Table 1604.5, 1616.2)
Spectral response coefficients, S_{ps} & S_{pi} (1615.1)

N/A Live load reduction (1603.1.1, 1607.8, 1607.10)
N/A Floor live loads (1603.1.2, 1607.11)
Roof snow loads (1603.1.3, 1608)
N/A Ground snow load, P_g (1608.2)
If $P_g > 10$ psf, flat-roof snow load, P_f (1608.3)
If $P_g > 10$ psf, snow exposure factor, C_e (Table 1608.3.1)
If $P_g > 10$ psf, snow load importance factor, I_s (Table 1604.6)
Roof thermal factor, C_t (Table 1608.3.2)
Sloped roof snowload, P_s (1608.4)
Seismic design category (1616.3)
Basic seismic-force-resisting system (Table 1617.2.2)
Response modification coefficient, R , and deflection amplification factor, C_d (Table 1617.2.2)
Analysis procedure (1616.5, 1617.5)
Design base shear (1617.4, 1617.5.1)

Flood loads (1603.1.2, 1612)

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

Other loads

Concentrated loads (1607.4)

Partition loads (1607.5)

Impact loads (1607.6)

Misc. loads (Table 1607.8, 1607.8.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



CITY OF PORTLAND
BUILDING CODE CERTIFICATE
389 Congress St., Room 315
Portland, Maine 04101

ACCESSIBILITY CERTIFICATE

Designer: DEREK J. VILLEUX, AIA, NCARB

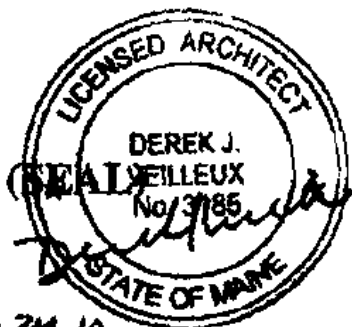
Address of Project: 22 BRANFORD ST. PORTLAND, ME

Nature of Project: RENOVATION OF EXISTING SPACE FOR

A NEW AUDIO ROOM AND EQUIPMENT.

FINISHES, MECHANICAL, ELECTRICAL AND MILLWORK.

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.



8.24.10

Signature: Derek J. Villeux

Title: ARCHITECT

Firm: SMRT INC.

Address: 144 FORE ST.

PORTLAND, ME 04101

Phone: 207.772.3846