

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

Please Read  
Application And  
Notes, if Any,  
Attached

BUILDING PERMIT

Permit Number: 101115  
**PERMIT ISSUED**

This is to certify that MAINE MEDICAL CENTER Portland  
has permission to renovate existing Cath Lab, install new equipment, and new 40 ton chiller  
AT 22 BRAMHALL ST Cath Lab CE 053-D007001

OCT 19

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 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. CAR. R. Santos  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_

*[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:<br>10-1175 | Issue Date: | CBL:<br>053 D007001 |
|-----------------------|-------------|---------------------|

|  |                                     |                                  |        |
|--|-------------------------------------|----------------------------------|--------|
| Location of Construction:<br>22 BRAMHALL ST Cath Lab | Owner Name:<br>MAINE MEDICAL CENTER | Owner Address:<br>22 BRAMHALL ST | Phone: |
|--|-------------------------------------|----------------------------------|--------|

|                |  |  |                      |
|----------------|--|--|----------------------|
| Business Name: | Contractor Name:<br>Langford & Low, Inc. | Contractor Address:<br>PO Box 662 Portland | Phone:<br>2077975141 |
|----------------|--|--|----------------------|

|                     |        |  |       |
|---------------------|--------|--|-------|
| Lessee/Buyer's Name | Phone: | Permit Type:<br>Alterations - Commercial | Zone: |
|---------------------|--------|--|-------|

|                                      |   |                           |                               |                    |
|--------------------------------------|---|---------------------------|-------------------------------|--------------------|
| Past Use:<br>Maine Medical -Cath Lab | Proposed Use:<br>Maine Medical -Cath Lab -<br>renovate existing Cath Lab, install<br>new equipment, add new 40 ton<br>chiller | Permit Fee:<br>\$5,020.00 | Cost of Work:<br>\$500,000.00 | CEO District:<br>2 |
|--------------------------------------|---|---------------------------|-------------------------------|--------------------|

|  |  |   |
|--|--|---|
| FIRE DEPT: <input checked="" type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>* See Conditions |  | INSPECTION:<br>Use Group: <b>I-2</b> Type: <b>IA</b><br><b>IBC 2003</b> |
|--|--|---|

|  |            |            |
|--|------------|------------|
| Proposed Project Description:<br>renovate existing Cath Lab, install new equipment, add new 40 ton chiller | 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:<br>ldobson | Date Applied For:<br>09/17/2010 | <b>Zoning Approval</b> |  |
|-----------------------------|---------------------------------|------------------------|--|

|  |  |  |   |
|--|--|--|---|
| 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.<br><br>2. Building permits do not include plumbing, septic or electrical work.<br><br>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<br><input type="checkbox"/> Shoreland<br><input type="checkbox"/> Wetland<br><input type="checkbox"/> Flood Zone<br><input type="checkbox"/> Subdivision<br><input type="checkbox"/> Site Plan<br><br>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/><br>Date: | Zoning Appeal<br><input type="checkbox"/> Variance<br><input type="checkbox"/> Miscellaneous<br><input type="checkbox"/> Conditional Use<br><input type="checkbox"/> Interpretation<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Denied<br>Date: _____ | Historic Preservation<br><input checked="" type="checkbox"/> Not in District or Landmark<br><input type="checkbox"/> Does Not Require Review<br><input type="checkbox"/> Requires Review<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved w/Conditions<br><input type="checkbox"/> Denied<br>Date: |
|--|--|--|---|

**PERMIT ISSUED**

OCT 19 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 |

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

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

|                       |                                 |                     |
|-----------------------|---------------------------------|---------------------|
| Permit No:<br>10-1175 | Date Applied For:<br>09/17/2010 | CBL:<br>053 D007001 |
|-----------------------|---------------------------------|---------------------|

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

|  |  |
|--|--|
| Proposed Use:<br>Maine Medical -Cath Lab - renovate existing Cath Lab, install new equipment, add new 40 ton chiller | Proposed Project Description:<br>renovate existing Cath Lab, install new equipment, add new 40 ton chiller |
|--|--|

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) All exposed steel shall be treated with fire rates spray protection.
- 4) All ventilation work penetrating rated walls shall be properly treated with fire dampers.
- 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: 09/21/2010  
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 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 .
- 5) A single source supplier should be used for all through penetrations.
- 6) Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit.
- 7) Fire extinguishers required. Installation per NFPA 10
- 8) Emergency lights are required to be tested at the electrical panel on the same circuit as the lighting for the area they serve.
- 9) 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.

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

- 10 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.
- 11 Application requires State Fire Marshal approval.

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City of Portland

## **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.**

  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**



# 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 BRANCHHALL STREET</u>   |  |  |
| Total Square Footage of Proposed Structure/Area   |  | Square Footage of Lot  |
| Tax Assessor's Chart, Block & Lot<br>Chart# <u>53</u> Block# <u>D</u> Lot# <u>7</u>   | Applicant *must be owner, Lessee or Buyer*<br>Name <u>NANCY FINNES</u><br>Address <u>22 Branchhall Street</u><br>City, State & Zip <u>Portland, ME 04102</u> | Telephone:<br><u>606 2-6149</u>  |
| Lessee/DBA (If Applicable)  | Owner (if different from Applicant)<br>Name <u>Maine Medical Center</u><br>Address <u>22 Branchhall St</u><br>City, State & Zip <u>Portland, ME 04102</u>    | Cost Of Work: <u>\$ 500,000</u><br>C of O Fee: \$ _____<br>Total Fee: \$ _____ |
| Current legal use (i.e. single family) <u>CATH LAB</u><br>If vacant, what was the previous use? _____<br>Proposed Specific use: <u>CATH LAB</u><br>Is property part of a subdivision? _____ If yes, please name _____<br>Project description: <u>RENOVATE AN EXISTING CATH LAB AND INSTALL A NEW MACHINE. ALSO ADD NEW CHILLER HO TANK.</u> |  |  |
| Contractor's name: <u>Langdon &amp; Co, Inc.</u><br>Address: <u>248 WILSON AVE.</u><br>City, State & Zip <u>Portland, ME</u> Telephone: <u>792-5141</u><br>Who should we contact when the permit is ready: <u>GUS DORRIS</u> Telephone: <u>792-5141</u><br>Mailing address: <u>248 WILSON 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](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: [Signature] Date: 9-8-12

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

RECEIVED  
SEP 11 2012  
Dept. of Building  
City of Portland Maine



# CITY OF PORTLAND, MAINE

Department of Building Inspections

## Original Receipt

9.17.10

Kenford & Ladd  
99 Birch Hill

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

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

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

Total \$5020

Plumbing (P) \_\_\_\_\_  Electrical (E) \_\_\_\_\_  Sign Plan (SP) \_\_\_\_\_

Other \_\_\_\_\_

Ord. 537D.7

Check # 40580 Total Collected \$5020

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

Taken by: [Signature]

TE - Applicant's Copy  
OW - Office Copy  
P - Permit Case



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: KRISTEN DAMUTH AIA

RE: Certificate of Design

DATE: 7.7.10

These plans and / or specifications covering construction work on:

MAINE MEDICAL CENTER LAB. LAB RENOVATIONS

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



As per 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: Kristen Damuth

Title: ARCHITECT

Firm: SMPT

Address: 144 FORE ST PORTLAND







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

ACCESSIBILITY CERTIFICATE

Designer: KRISTEN DAMUTH AIA  
Address of Project: 22 SPANHALL ST. PORTLAND, ME 04102  
Nature of Project: RENOVATION OF EXISTING CATH LAB 5  
TO ACCOMMODATE NEW EQUIPMENT.

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.

Signature: Kristen Damuth.

Title: ARCHITECT

Firm: SMRT

Address: 144 FORD ST

PORTLAND

Phone: 772-3846

