

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that Maine Medical Center

Located At 22 BRAMHALL ST

Job ID: 2012-03-3501-ALTCOMM

CBL: 053- D-007-001

has permission to Rework Nurse's Station: 2nd fl E Twr

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 the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

**THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD**

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 Inspections 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.**

Required Inspections:

Close In Elec/Plmb/Frame prior to insulate or gyp

Final Inspection

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF 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.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Acting Director of Planning and Urban Development
Gregory Mitchell

Job ID: 2012-03-3501-ALTCOMM

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

Conditions of Approval:

Fire

All construction shall comply with City Code Chapter 10.

Emergency lights and exit signs are required. Emergency lights and exit signs are required to be labeled in relation to the panel and circuit and on the same circuit as the lighting for the area they serve.

Fire extinguishers are required. Installation per NFPA 10.

The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.

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.

A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads.

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.

Non-combustible construction of this structure requires all construction to be Non-combustible.

Any cutting and welding done will require a Hot Work Permit from Fire Department.

Building

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.

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-03-3501-ALTCOMM	Date Applied: 3/14/2012	CBL: 053- D-007-001	
Location of Construction: 22 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102	Phone:
Business Name: Maine Medical Center	Contractor Name: Daniel Hebert @ Hebert Construction LLC	Contractor Address: 9 Gould RD LEWISTON MAINE 04240	Phone: (207) 783-2091
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALT	Zone: C-41
Past Use: Hospital	Proposed Use: Same: Hospital -- to make changes in OB Triage on 2 nd floor E. Tower	Cost of Work: \$51,000.00	CEO District:
		Fire Dept: <input checked="" type="checkbox"/> Approved w/conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A	Inspection: Use Group: I-2 Type: 1A TBC 09 Signature:
Proposed Project Description: Rework Nurse Station; 2nd floor E tower		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Brad		Zoning Approval	

<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 informatin may invalidate a building permit and stop all work.</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetlands</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>___ Maj ___ Min ___ MM</p> <p>Date: 3/14/12</p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date:</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in Dist or Landmark</p> <p><input type="checkbox"/> Does not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied</p> <p>Date: </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 appication 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



General Building Permit Application

Entered 3/14/12 (13)

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.

IDA 2012-03-3501 - Altosm

Location/Address of Construction: <u>Maine Medical Center 22 Bramhall St.</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	Applicant * must be owner, Lessee or Buyer* Name <u>Maine Medical Center</u> Address <u>22 Bramhall St.</u> City, State & Zip <u>Portland, ME 04102</u>	Telephone: <u>207-662-6149</u>
<u>053</u> <u>D007</u> <u>001</u>		
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>Same</u> Address City, State & Zip	Cost Of Work: \$ <u>51,000.00</u> C of O Fee: \$ _____ Total Fee: \$ <u>530.00</u>
Current legal use (i.e. single family) <u>Healthcare</u> If vacant, what was the previous use? <u>OB - Triage</u> Proposed Specific use: <u>OB - Triage</u> Is property part of a subdivision? <u>No</u> If yes, please name _____ Project description: <u>Relocate equipment alcove, clean supply and med. Rework Nurse's Station.</u> <u>2nd floor E. Tower</u>		
Contractor's name: <u>Hebert Construction, LLC</u>		
Address: <u>9 Gould Road</u>		
City, State & Zip <u>Lewiston, ME 04240</u>		
Who should we contact when the permit is ready: <u>Daniel Hebert</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.

Signature: <u>Daniel R Hebert</u> Daniel R. Hebert/President	Date: <u>March 13, 2012</u>
---	-----------------------------

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



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Receipts Details:

Tender Information: Check , Check Number: 40614
Tender Amount: 530.00

Receipt Header:

Cashier Id: bsaucier
Receipt Date: 3/14/2012
Receipt Number: 41724

Receipt Details:

Referance ID:	5600	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	530.00	Charge Amount:	530.00
Job ID: Job ID: 2012-03-3501-ALTCOMM - Rework Nurse Station; 2nd floor E tower			
Additional Comments: 22 Bramhall			

Thank You for your Payment!



Letter of Transmittal

To: Jeannie Burke
Portland City Hall
Inspection Division
389 Congress St.
Portland, ME 04101
Ph: 207-874-8703

Transmittal #: 1
Date: 3/13/2012
Job: 120033 MMC - OB Triage

Subject: MMC OB Triage Building Permit

- WE ARE SENDING YOU**
- Attached
 - Shop drawings
 - Copy of letter
 - Prints
 - Change order
 - Under separate cover via None the following items:
 - Plans
 - Specifications
 - Samples
 - Other

Document Type	Copies	Date	No.	Description
Building Permit Applicator	1	3/13/12		Building Permit (Hebert Construction)
CD	1	3/13/12		Electronic pdf copy of Drawings
Drawing	1	3/13/12		Drawings GI000, AE101, AE102
Certificate of Design Appli	1	3/13/12		Certificate of Design Application (Design Group Collaborative)
Accessibility Certificate	1	3/13/12		Accessibility Building Code Certificate (Design Group Collaborative)
Certificate of Design	1	3/13/12		Certificate of Design (Design Group Collaborative)

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE
- Approved as submitted
- Approved as noted
- Returned for corrections
- Other
- PRINTS RETURNED AFTER LOAN TO US
- Resubmit ___ copies for approval
- Submit ___ copies for distribution
- Return ___ corrected prints

Remarks:

Copy To:

From: _____ Signature: _____



Certificate of Design Application

From Designer: Carol Coillis, AA - Design Group Collaborative
 Date: March 12, 2012
 Job Name: Maine Medical Center - OR Triage Renovations
 Address of Construction: 22 Bramhall Street, Portland, ME 04102

~~2003~~²⁰⁰⁹ International Building Code

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

Building Code & Year 2009 Use Group Classification (s) Institutional I-2
 Type of Construction Type IA, fully sprinklered
 Will the Structure have a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IRC N/A
 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, I_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_1 (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 P_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 , and deflection amplification factor, C_d (1617.6.2)
 Analysis procedure (1616.6, 1617.5)
 Design base shear (1617.4, 16175.5.1)

Flood loads (1803.1.6, 1612)

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

Other loads

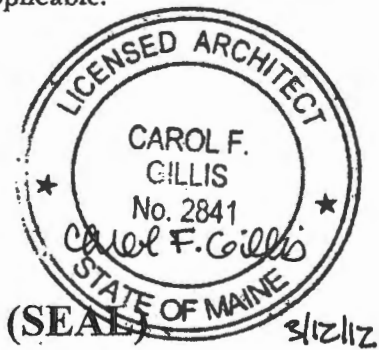
N/A Concentrated loads (1607.4)
 Partition loads (1607.5)
 Misc. loads (Table 1607.8, 1607.6.1, 1607.7, 1607.12, 1607.13, 1610, 1611, 2404)



Accessibility Building Code Certificate

Designer: Carol Gillis, AIA - Design Group Collaborative
 Address of Project: Maine Medical Center
22 Bramhall Street, Portland, ME 04102
 Nature of Project: Renovation of staff work areas and
storage areas for existing
O.B. Triage Unit

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 3/12/12
 Title: Principal / Architect
 Firm: Design Group Collaborative
 Address: 22 Free Street, Suite 303
Portland, ME 04101
 Phone: 207-699-3300

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



Certificate of Design

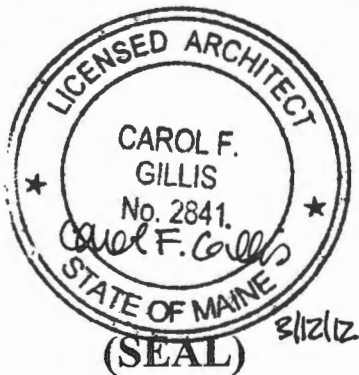
Date: March 12, 2012

From: Carol Gillis, AIA - Design Group Collaborative

To the best of my knowledge, information and belief,
these plans and / or specifications covering construction work on:

Maine Medical Center - O.B. Triage Renovations

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the ~~2003~~ ²⁰⁰⁹ *International Building Code* and local amendments.



Signature: Carol Gillis

Title: Principal / Architect

Firm: Design Group Collaborative

Address: 22 Free Street, Suite 303

Portland, ME 04101

Phone: 207-699-3300

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