

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: 2012-03-3461-ALTCOMM

CBL: 053- D-007-001

has permission to Renovate PBC, RADCU Holding Suite in basement Rm # B112, equipment replacement provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statues 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

[Signature] 3/27/12

Code Enforcement Officer / Plan Reviewer

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

City of Portland, Maine - Building or Use Permit Application

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

Job No: 2012-03-3461-ALTCOMM	Date Applied: 3/7/2012	CBL: 053- D-007-001	
Location of Construction: 22 BRAMHALL ST	Owner Name: ME MEDICAL CENTER	Owner Address: 22 BRAMHALL ST PORTLAND, ME 04102	Phone:
Business Name:	Contractor Name: LANGFORD, & LOW INC - Gus Doughty	Contractor Address: PO BOX 662 PORTLAND MAINE 04104	Phone: (207) 797-5141
Lessee/Buyer's Name:	Phone:	Permit Type: BLDG ALTERATIONS	Zone: C-41
Past Use: Hospital	Proposed Use: Hospital - to renovate PBC RADCU holding suite in basement, room #B112	Cost of Work: \$750,000.00	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: B IBC-2009 Signature: <i>JMB</i>
Proposed Project Description: renovations to holding suite B112		Pedestrian Activities District (P.A.D.) 3/27/10	
Permit Taken By: Gayle		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: <i>OK</i> 3/8/12</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: <i>S</i></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

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.**

Underslab Plumbing prior to covering/slab anchoring

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: 2012-03-3461-ALTCOMM

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

Conditions of Approval:

Fire

1. Installation shall comply with City Code Chapter 10.
2. All construction shall comply with City Code Chapter 10.
3. This permit is being approved on the basis of the plans submitted. Any deviation from the plans would require amendments and approval.
4. As-built documents shall be submitted in pdf to the Building Inspections Office upon completion of job.
5. Any Fire alarm or Sprinkler systems shall be reviewed by a licensed contractor(s) for code compliance. Compliance letters are required.
6. 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. This review does not include approval of fire alarm system design or installation.
7. 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.
8. The fire alarm system shall comply with the City of Portland Standard for Signaling Systems for the Protection of Life and Property. All fire alarm installation and servicing companies shall have a Certificate of Fitness from the Fire Department.
9. A separate Suppression System Permit is required for all new suppression systems or sprinkler work effecting more than 20 heads. This review does not include approval of sprinkler system design or installation.
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. System acceptance and commissioning must be coordinated with alarm and suppression system contractors and the Fire Department. Call 874-8703 to schedule.
12. Fire extinguishers are required per NFPA 1.
13. All means of egress to remain accessible at all times.
14. Any cutting and welding done will require a Hot Work Permit from Fire Department.
15. 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
16. Walls in structure are to be labeled according to fire resistance rating. IE; 1 hr. / 2 hr. / smoke proof.
17. A single source supplier should be used for all through penetrations.

Job ID: 2012-03-3461-ALTCOMM

Located At: 22 BRAMHALL ST

CBL: 053- D-007-001

Building

1. Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
2. Equipment shall be installed in compliance with the manufacturer's specifications and the UL listing.
3. 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.

2012 03 3461

00



General Building Permit Application

C-4

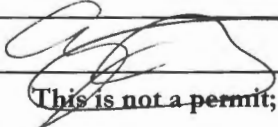
If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>22 BRAMHALL ST. Maine Med.</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>053 D 007</u>	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>662-2988</u>
Lessee/DBA (If Applicable) <u>RECEIVED</u> <u>07 2012</u> <u>Dept of</u>	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>750,000.</u> C of O Fee: \$ _____ Total Fee: \$ _____
Current legal use (i.e. single family) <u>PBC RADCU HOLDING SUITE RM # B 112</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>SAME</u> Is property part of a subdivision? _____ If yes, please name _____ Project description: <u>RENOVATIONS TO EXISTING RADCU & HOLDING SUITE INCLUDING FINISHES AND EQUIPMENT REPLACEMENT.</u>		
Contractor's name: <u>LANFORD + 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>GUS DOUGHERTY</u> Telephone: <u>318-0546</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 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:  Date: 2-29-12

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



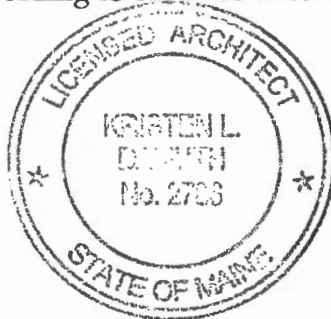
Certificate of Design

Date: 26 FEB 12

From: KRISTEN DAMUTH AIA

These plans and / or specifications covering construction work on: MAINE MEDICAL CENTER
THE RENOVATION OF EXISTING IMAGING AND PATIENT SPACE
TO ACCOMMODATE NEW IMAGING EQUIPMENT AND PATIENT HOLDING SPACE.

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



(SEAL)

Signature: Kristen Damuth.

Title: ARCHITECT

Firm: SMRT

Address: 144 FORE ST

PORTLAND ME 04101

Phone: 207.772.3846

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: KRISTEN DAMUTA AIA

Address of Project: 22 BRAMHALL STREET PORTLAND ME

Nature of Project: THE RENOVATION OF EXISTING IMAGING AND PATIENT SPACE TO ACCOMMODATE NEW IMAGING EQUIPMENT AND PATIENT HOLDING SPACE.

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.



(SEAL)

28 Feb 12

Signature: Kristen Damuth

Title: ARCHITECT

Firm: SMRT

Address: 144 FORE ST
PORTLAND ME 04101

Phone: 207-772-3846

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 Application

From Designer: KRISTEN DAMUTH AIA
 Date: 28 Feb 12
 Job Name: MAINE MEDICAL CENTER HOLDING, RADCLIFF AND PBC RENOVATION
 Address of Construction: 22 BRAMHALL ST. PORTLAND ME 04102

2003 International Building Code

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

Building Code & 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 or non separated (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 (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, EXISTING STRUCTURE</u>	<u>EXISTING STRUCTURE</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_{D1} (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, 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)



PORTLAND MAINE

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

Receipts Details:

Tender Information: Check , BusinessName: Langford & Low, Check Number: 44567
Tender Amount: 7520.00

Receipt Header:

Cashier Id: gguertin
Receipt Date: 3/7/2012
Receipt Number: 41536

Receipt Details:

Referance ID:	5500	Fee Type:	BP-Constr
Receipt Number:	0	Payment Date:	
Transaction Amount:	7520.00	Charge Amount:	7520.00
Job ID: Job ID: 2012-03-3461-ALTCOMM - renovations to holding suite B112			
Additional Comments: Langford & Low			

Thank You for your Payment!