

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

Permit No: 02-0597	PERMIT ISSUED	Issue Date:	CEB: 053 D 009
--------------------	----------------------	-------------	----------------

Location of Construction: 22 Bramhall St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	Phone: 207-871-2447
Business Name:	Contractor Name: Langford & Low, Inc.	Contractor Address: PO Box 662 Portland	Phone: 2077975141
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R-6

Past Use: Patient's rooms.	Proposed Use: Patient's rooms.	Permit Fee: \$2,459.00	Cost of Work: \$348,000.00	CEO District:
--------------------------------------	--	----------------------------------	--------------------------------------	----------------------

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I-2 Type: 23
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>

Proposed Project Description:
 Paint patch 5th fl. of Richard's Wing.

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: jmy	Date Applied For: 06/03/2002	Zoning Approval		
--------------------------------	--	------------------------	--	--

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>6/10/02</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 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>Work Req'd</i> <i>Separate Review</i>
--	--	---	---

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
Department of Building Inspections

June 3 2002

Received from Samuel S. Saw, Inc.

Location of Work 22 Bramhall

Cost of Construction \$ 340,000.00

Permit Fee \$ 2,457.00

Building (B) Plumbing (P) Electrical (E) Site Plan (S)

Other _____

CBL: 053 0 009

Check # 11458 Total Collected \$ 2,457.00

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

Handwritten signature

WHITE - Applicant's Copy
YELLOW - Office Copy
GREEN - Board Copy

Handwritten signature and date 8/1/02
Director - Building & Inspection Services

Form # P 04

DISPLAY THIS CARD

Please Read Application And Notes, If Any, Attached

This is to certify that Maine Medical Center has permission to Paint patch 5th fl. of Rm AT 22 Bramhall St

provided that the person or persons comply with all of the provisions of the Statutes of the State of Maine relating to the construction, maintenance and repair of buildings at this department.

Apply to Public Works for street line and grade if nature of work requires such information.

OTHER REQUIRED APPROVALS

Fire Dept. [Signature]
Health Dept. _____
Appeal Board _____
Other _____

Department Name

PENALTY FOR REMOVING THIS CARD



CITY OF PORTLAND MAINE

389 Congress St., Rm 315
Portland, ME 04101
Tel. - 207-874-8704
Fax - 207-874-8716

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

FROM DESIGNER: Winton Scott Architects

DATE: May 30, 2002

Job Name: Richards Wing R5 Renovation

Address of Construction: Maine Medical Center 12 Bramhall St 04102

THE BOCA NATIONAL BUILDING CODE/1996 THIRTEENTH EDITION

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

Building Code and Year BOCA 96 Use Group Classification(s) 12

Type of Construction NA Bldg. Height NA Bldg. Sq. Footage NA

Seismic Zone NA Group Class NA

Roof Snow Load Per Sq. Ft. NA Dead Load Per Sq. Ft. NA

Basic Wind Speed (mph) NA Effective Velocity Pressure Per Sq. Ft. NA

Floor Live Load Per Sq. Ft. NA

Structure has full sprinkler system? Yes No No X Alarm System? Yes X No No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

Is structure being considered unlimited area building: Yes No No X

If mixed use, what subsection of 313 is being considered NA

List Occupant loading for each room or space, designed into this Project.

2 occupants per Patient Room

(Designers Stamp & Signature)

PSM 9/2/99



02-0597

All Purpose 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.

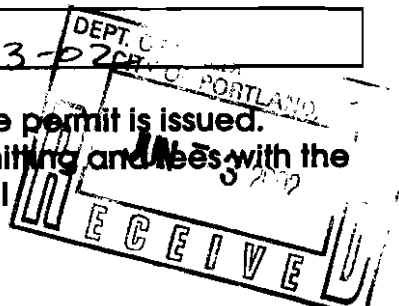
Location/Address of Construction: <u>22 BRAMHALL ST. PORTLAND ME.</u>		
Total Square Footage of Proposed Structure <u>16000</u>	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# <u>053</u> Block# <u>D</u> Lot# <u>009</u>	Owner: <u>MAINE MEDICAL CENTER</u>	Telephone: <u>871-2447</u>
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: <u>LANGFORD FLOW</u> <u>248 WARREN AVE.</u> <u>797-5141</u> <u>Portland ME. 04104</u>	Cost Of Work: \$ <u>348,000</u> Fee: \$ <u>2,459.00</u>
Current use: <u>Patient's Rooms</u>		
If the location is currently vacant, what was prior use: _____		
Approximately how long has it been vacant: _____		
Proposed use: <u>SAME AS IS</u>		
Project description: <u>Interior Repaint 5th Floor of Richards wing.</u>		
Contractor's name, address & telephone: <u>Langford Flow, 248 Warren Ave. Portland</u> <u>797-5141</u>		
Who should we contact when the permit is ready: <u> Gus Dougherty + call</u>		
Mailing address: _____		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: _____		

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.

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 of applicant: 	Date: <u>6-3-02</u>
---	---------------------

This is NOT a permit, you may not commence ANY work until the permit is issued. If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall



**CITY OF PORTLAND
BUILDING CODE CERTIFICATE**

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

FROM: Winton Scott Architects P.A.

RE: Certificate of Design

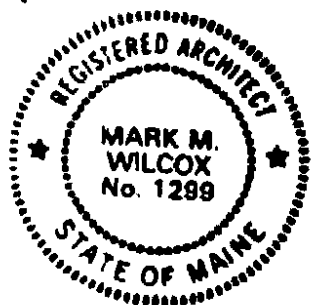
DATE: May 30, 2002

These plans and/or specifications covering construction work on:

Richards Wing R5 Renovations
Maine Medical Center

Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1996 Thirteenth Edition, and local amendments.

(SEAL)



Signature Mark Wilcox

Title Principal

Firm Winton Scott Architects

Address 5 Milk St. Portland, ME 04101

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.

PSH 9/24/99



City of Portland, Maine

ACCESSIBILITY CERTIFICATE

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

FROM: Winton Scott Architects P.A.

RE: Certificate of Design, HANDICAP ACCESSIBILITY

DATE: May 30, 2002

These plans and/or specifications covering construction work on:

Richard's Wing R5 Renovations

Maine Medical Center

Have been designed and drawn up by the undersigned, a Maine registered engineer/architect according to State Regulations as adopted by the State of Maine on Handicapped Accessibility.

(SEAL)



Signature [Handwritten Signature]

Title PRINCIPAL

Firm Winton Scott Architects

Address 5 Milk St. Portland, ME 04101

