

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

DEPT. OF BUILDING INSPECTION
CITY OF PORTLAND, ME
FEB 13 2006
Permit Number: 060161
RECEIVED

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION
PERMIT
DB

This is to certify that MAINE MEDICAL CENTER William Berry & Sons, Inc.
has permission to Interior renovations to the Basement and 1st Floor of the Richards wing as per plans for Electrical Infrastructure
AT 13 CHARLES ST L 053 G001001

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 when permission proceeds before this building or part thereof is started or closed-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. Jay Kelley 2/10/06
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

Ally August 2/10/06
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: 06-0151	Issue Date: FEB 1 2006	CBL: 053 G001001
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Location of Construction: 13 CHARLES ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone: 2032236026
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: CA1

Past Use: Hospital	Proposed Use: Same	Permit Fee:	Cost of Work: \$0.00	CEO District: 2
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: I Type: IB 2/10/06 Signature: [Signature]
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Proposed Project Description:
Interior renovations to the Basement and First Floor of the Richards wing as per plans for Electrical Infrastructure Upgrades for the expansion

Signature: [Signature] P.F.D. 2/10/06

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: mjn	Date Applied For: 02/02/2006	Zoning Approval
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<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 information 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"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p>Date: [Signature]</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 District 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: [Signature]</p>
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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: 06-0161	Date Applied For: 02/02/2006	CBL: 053 G001001
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Location of Construction: 13 CHARLES ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone (203) 223-6026
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Same	Proposed Project Description: Interior renovations to the Basement and First Floor of the Richards wing as per plans for Electrical Infrastructure Upgrades for the expansion
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Dept: Zoning	Status: Approved	Reviewer: Jay Kelley	Approval Date: 02/08/2006	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 02/10/2006	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
Dept: Fire	Status: Approved	Reviewer: Jay Kelley	Approval Date: 02/10/2006	Ok to Issue: <input checked="" type="checkbox"/>
Note:				
1) Maintain Fire alarm, and supression systems				

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Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	Phone 2032236026
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone:

Dept: Zoning	Status: Approved	Reviewer: Jay Kelley	Approval Date: 02/08/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 02/10/2006
Note:			Ok to Issue: <input checked="" type="checkbox"/>
Dept: Fire	Status: Approved	Reviewer: Jay Kelley	Approval Date: 02/10/2006
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SIGNATURE OF APPLICAN

ADDRESS

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO

7/26/06 - checked underground plumbing
near ER section - all OK - OK to pour
slab.

9/11/06 - Check more underground plumbing
near ER section - water test on - OK -
OK to continue. Joe M > ~~MAA~~