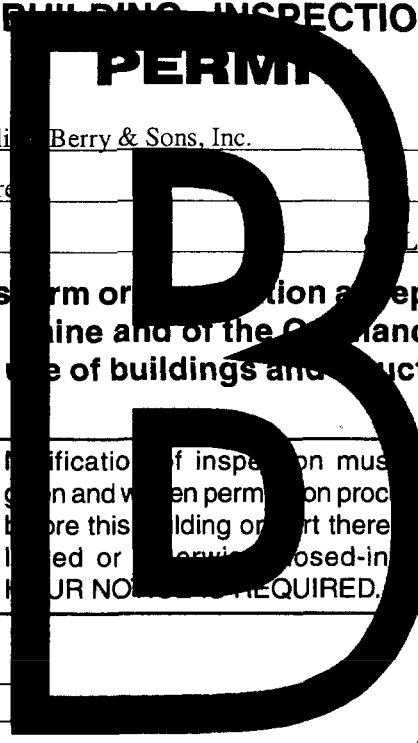


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING INSPECTION

Please Read Application And Notes, If Any, Attached

Permit Number: 061175



This is to certify that Maine Medical Center/William Berry & Sons, Inc.

has permission to Stairwell for emergency egress

AT 13 Charles St

053 G001001

PERMIT ISSUED

AUG 23 2006

provided that the person or persons in charge of the work accepting this permit shall comply with all of the provisions of the Statutes of the State of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the applicable rules and regulations of 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 is procured before this building or part thereof is altered or service is closed-in. 4 HOUR NOTICE REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name


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: 06-1175	Issue Date:	CBL: 053 GOO1001
-----------------------	-------------	---------------------

Location of Construction: 13 Charles St	Owner Name: Maine Medical Center	Owner Address: 22 Bramhall St	PERMIT ISSUED AUG 22 2006 CITY OF PORTLAND
Business Name:	Contractor Name: William Berry & Sons, Inc.	Contractor Address: 99 Conifer Hill Drive Danvers	
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Phone: 6026

Past Use: Commercial/ Hospital	Proposed Use: Maine Medical/ Stairwell for emergency egress	Permit Fee: \$170.00	Cost of Work: \$15,000.00	CEC District: 2	one: 41
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied SFMO Req		INSPECTION: Use Group: 1-2 Type: TEMPORARY DUR & CONSTR.			

Proposed Project Description: Stairwell for emergency egress	Signature: <i>Cora Cass</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: Idobson	Date Applied For: 08/09/2006	Zoning Approval
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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>8/10/06</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 checked="" 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: _____
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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



General Building Permit Application

If you or the proper 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.

		(Charles St Permit)	
Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# S3 D 7		Owner: Maine medical center	Telephone: 207 662-5636
Lessee/Buyer's Name (If Applicable) N/A	Applicant name, address & telephone: Maine Medical Center 22 Bramhall Street Portland, ME 04102 207 662-5636		Cost Of Work: \$ 15,000 Fee: \$ 170 C of O Fee: \$
Current Specific use: <u>Stairwell for emergency egress</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>Modification to egress path from stairwell for new construction.</u> Project description: <u>Re-route egress stairwell across existing ED roof to New Stair structure. structure to be a temporary means of egress until new construction is completed.</u>			
Contractor's name, address & telephone:			
Who should we contact when the permit is ready: <u>Katie Lamb - William A Berry & Son, inc.</u>			
Mailing address: <u>34 Ellsworth Street Portland, ME 04102</u>		Phone: <u>207 662 5636</u>	

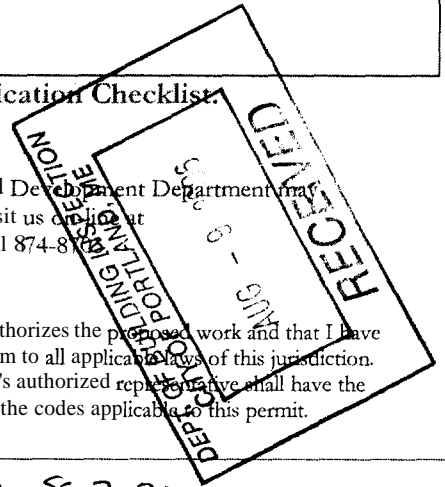
Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

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 visit us online at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8100.

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: <u>Katie A Lamb</u>	Date: <u>8.7.06</u>
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This is not a permit; you may not commence ANY work until the permit is issued.





Maine Medical Center

22 Bramhall Street, Portland, Maine 04102

FAX TRANSMITTAL

FACILITIES DEVELOPMENT

TELEPHONE NUMBER (207) 662-2013

FAX NUMBER (207) 662-6516

Handwritten signature: Steve Dodge & Collins

DATE: 7-17-2006
TO : Steve Dodge
FAX: 287-6251
FROM: Chtis Simmons
Asst. Project Manager

Re: Richards Stair #25
ILSM Plan

Total Pages 2

Message

Steve,

Please find the Rev 1 ILSM plan for Richards's stairwell #25. As you are aware, we need to close this stairwell for approx. 1.5-2 years to build the Charles Street Building.

STAIR #25
INSIDE

In the interim we will build a 2-hr corridor through existing cafeteria offices. A new rated door to the exit corridor will be added from the cafeteria.

ED ROOF

We would maintain a walkway across the top of the emergency Department Roof to a new stair tower. To allow for the construction of the connector we would like to keep flexibility in the walkway across the ED roof. This would not allow for a 2 hr corridor. We would like to keep it similar to the existing configuration that discharged onto a roof and down to ground level. We will delineate the walkway with handrails and the orange snow fencing. At a certain point in the Connector construction we will need to go up and over the connector. We will build stairs and handrails up and over to accommodate for this.

STAIRWELL

We will construct a fully enclosed fire-resistance wood frame stairwell with 4'X 8' landings. 48" Wide stair with dosed treads and risers with Handrails.



Maine Medical Center

Stair #27

To improve *the* exiting in Richards the connector steel is being expedited. Once steel is set we will be able to reopen the ASU entrance. This will take stair 27 out of ILSM situation. We will be able to do this by the end of 2006.

Please see attached sketch 003 Depidmg Rev 1 Stair 25 ILSM Plan.

I *can* provide additional information if required. Let us know if you have any questions. *ff* you are all set, please fax back your approval.

My Cell # is 207-318 6587

Thanks for your help.

Chris

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1175	Date Applied For: 08/09/2006	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: Maine Medical/ Stairwell for emergency egress	Proposed Project Description: Temporary Stairwell for emergency egress during major construction
---	--

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/10/2006

Note: **Ok to Issue:**

1) It is understood that this egress is temporary during the major new construction and will be removed when this project is completed.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** 08/21/2006

Note: **Ok to Issue:**

1) stair treads must be 11 inch minimum and risers must be 7 inch maximum.

2) 42" guards with Graspable rails are required throughout on both sides.

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 08/10/2006

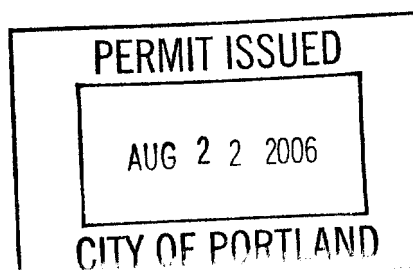
Note: **Ok to Issue:**

1) Application requires State Fire Marshal approval.

Comments:

8/10/2006-mjn: need stamped detailed plans notified the applicant.

8/21/2006-ldobson: received additional info routed to MJN

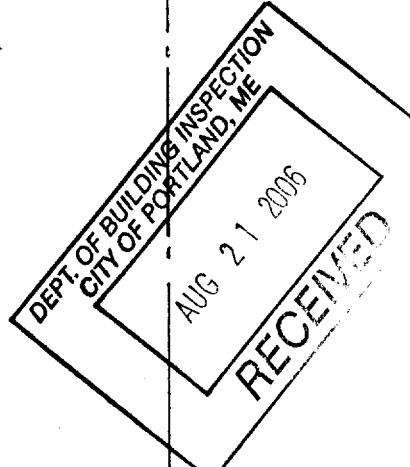
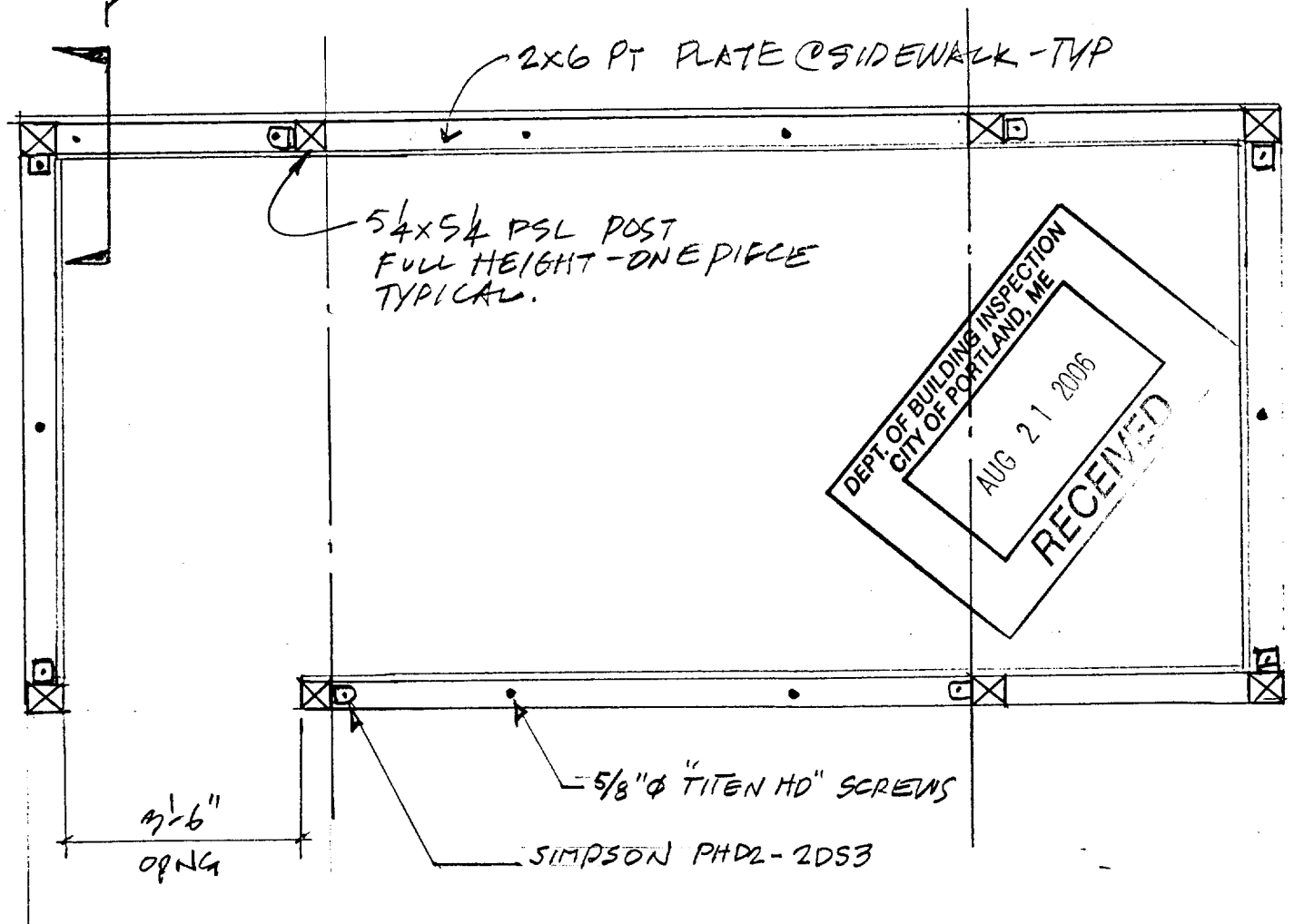
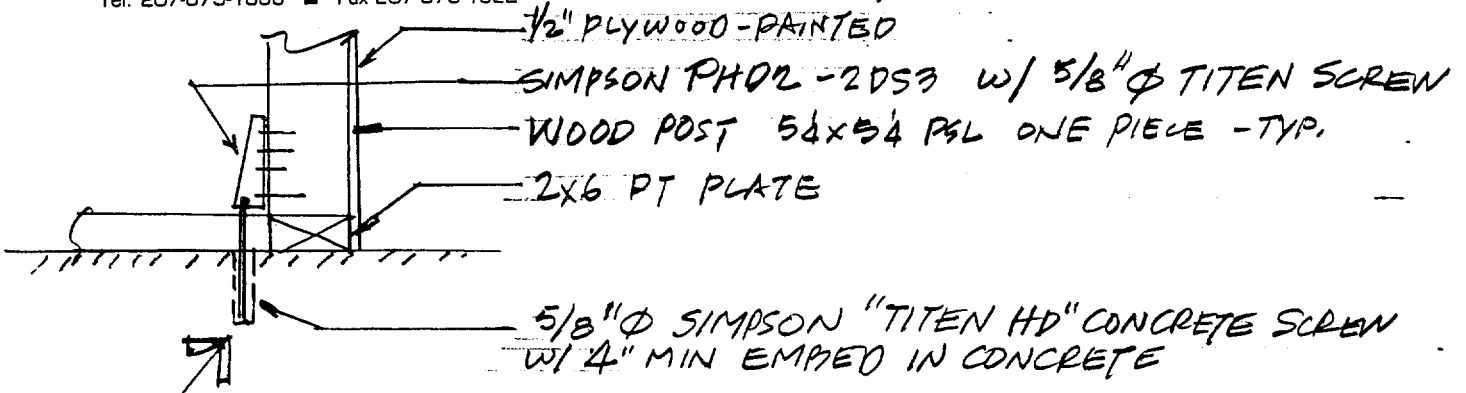


BECKER

structural engineers, inc.

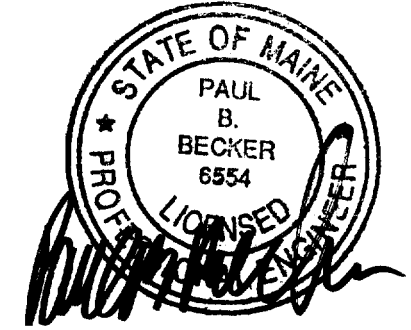
75 York Street, Portland, ME 04101-4550
Tel. 207-879-1838 ■ Fax 207-879-1822

Project: MMC ILSM STAIR 25
W.O. 1576 Sheet 1 of 4
Calculated By: PPB Date 8/17/06
Checked By: _____ Date _____



ILSM STAIR 25 @ SIDEWALK LEVEL

061175
5361



BECKER

structural engineers, inc.

75 York Street, Portland, ME 041014550
Tel. 207-8731838 ■ Fax 207-879-1822

Project MMC ILSM STAIR 25

W.O. 1576

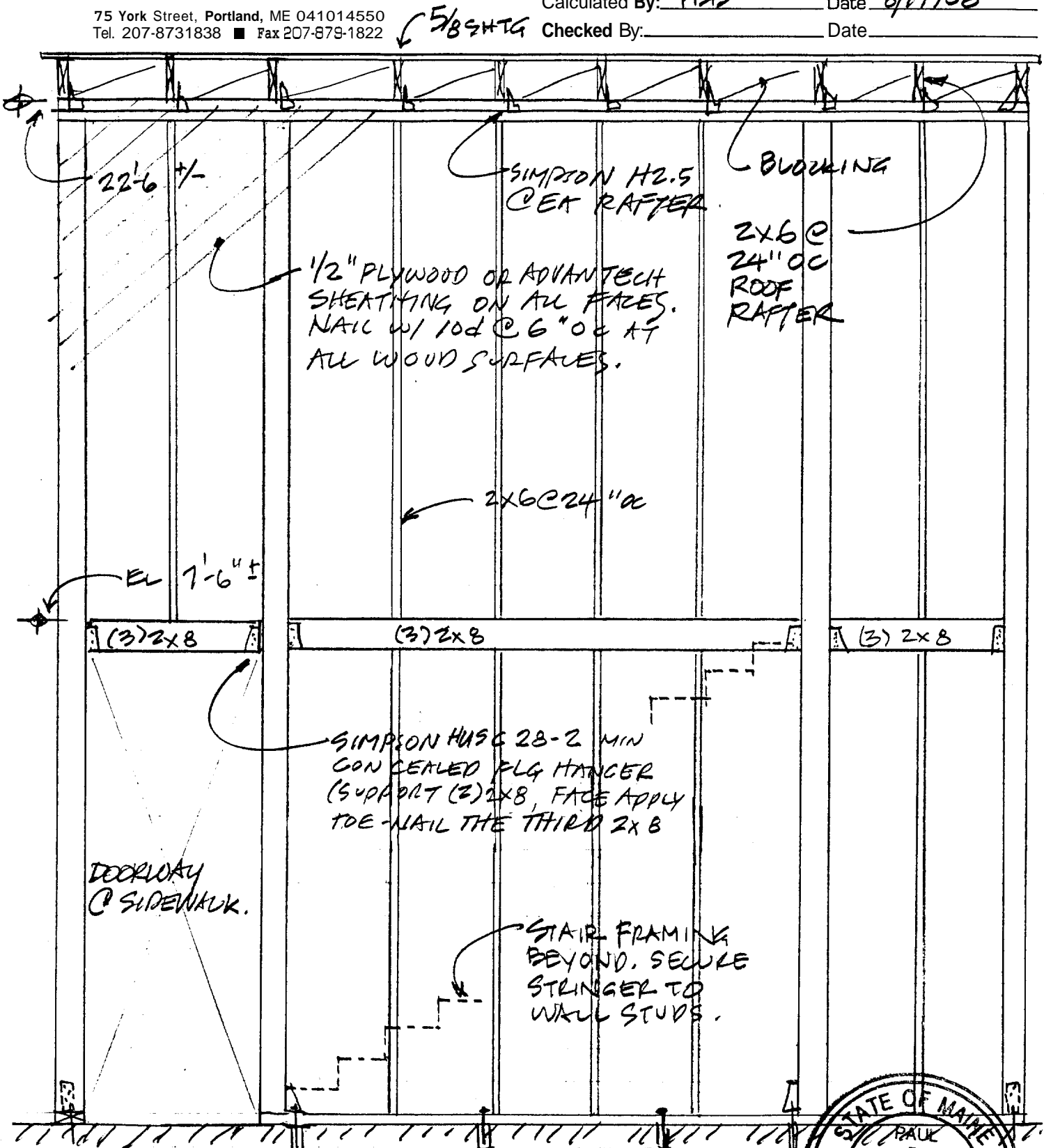
Sheet 2 Of 4

Calculated By: PBB

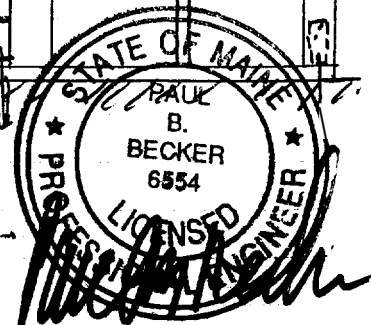
Date 8/17/06

Checked By: _____

Date _____



ELEVATION FROM DRIVE

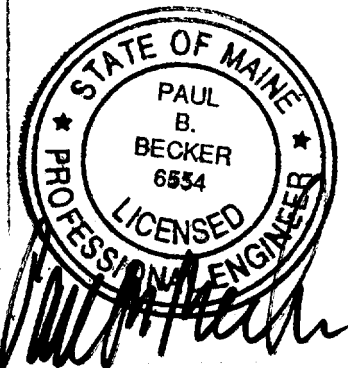
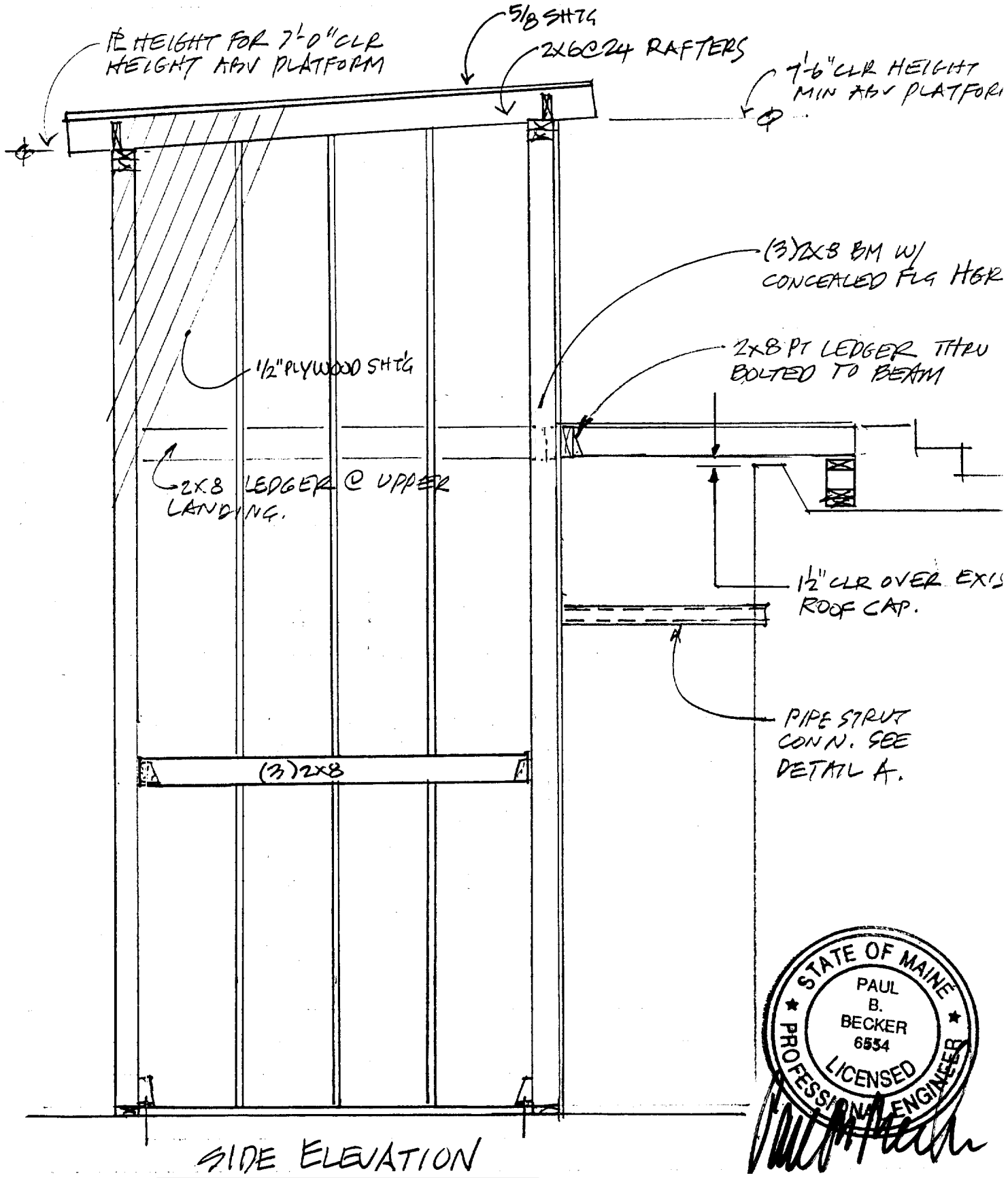


BECKER

structural engineers, inc.

75 York Street, Portland, ME 04101-4550
Tel. 207-879-1838 ■ Fax 207-879-1822

Project MMC ILSM STAIRS
W.O. 1576 Sheet 3 of 4
Calculated By: ppm Date 8/18/06
Checked By: _____ Date _____

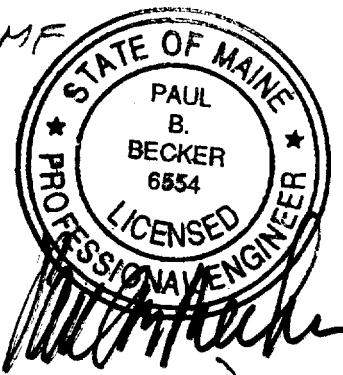
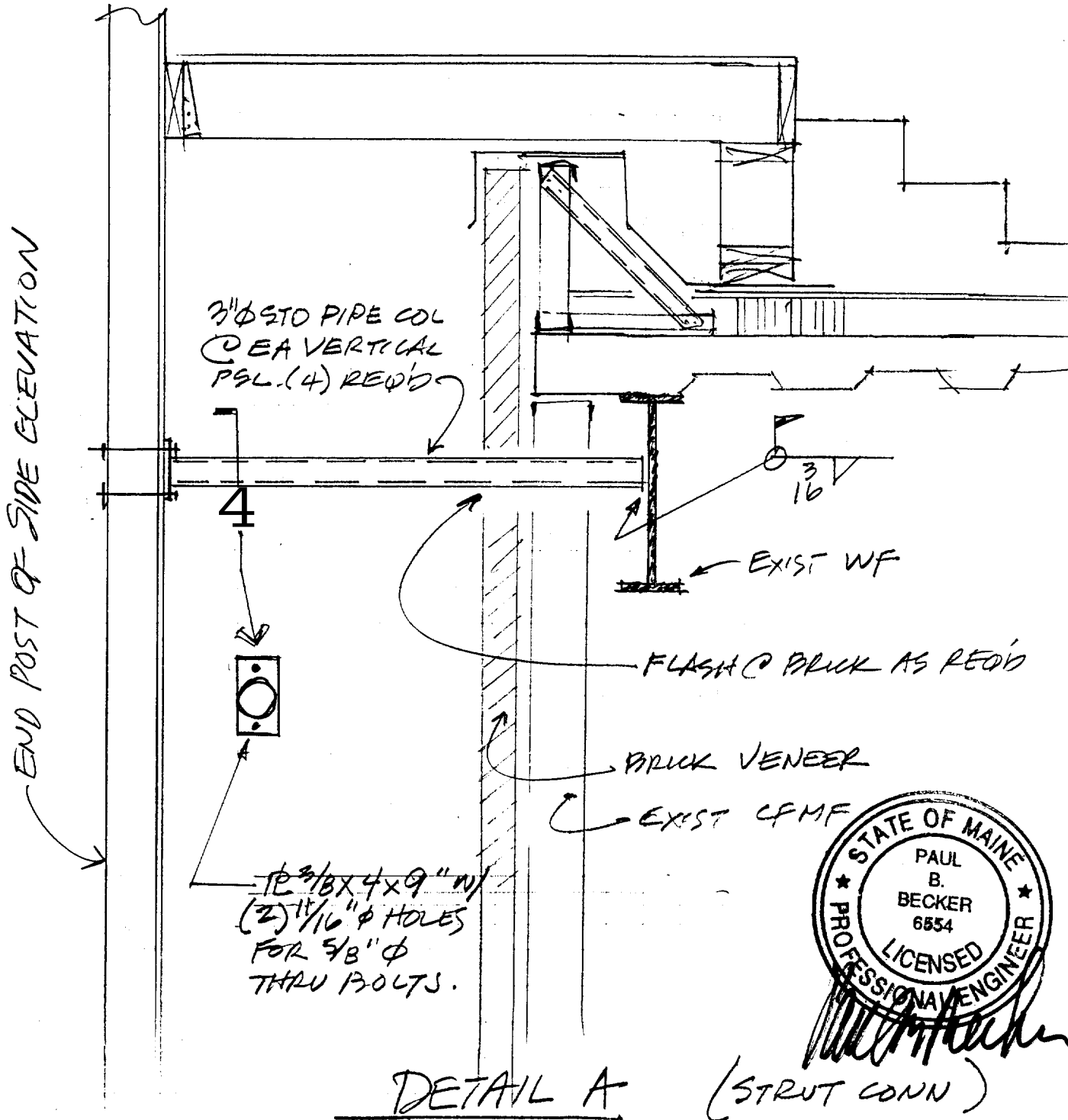


BECKER

structural engineers, inc.

75 York Street, Portland, ME 04101-4550
Tel. 207-879-1838 ■ Fax 207-8731822

Project MMCILSM 4TARS
W.O. 1576 Sheet 4 of 4
Calculated By: MM Date 8/18/06
Checked By: _____ Date _____



City of Portland, Maine - Building or Use Permit

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

Permit No: 06-1175	Date Applied For: 08/09/2006	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	

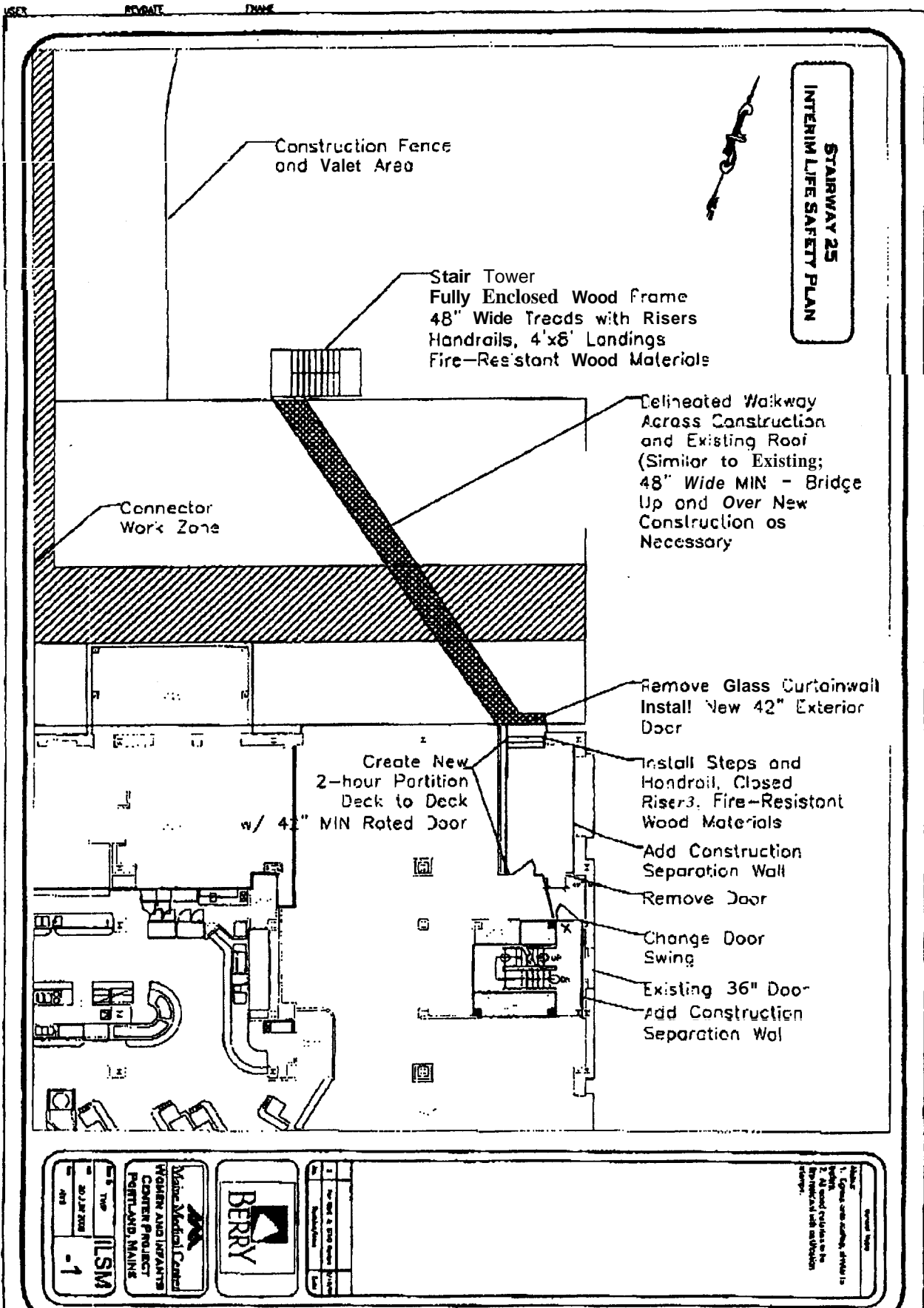
Proposed Project Description: Temporary Stairwell for emergency egress during major construction	
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 08/10/2006
Note: **Ok to Issue:**
 1) It is understood that this egress is temporary during the major new construction and will be removed when this project is completed.

Dept: Building **Status:** Pending **Reviewer:** Mike Nugent **Approval Date:**
Note: **Ok to Issue:**

Dept: Fire **Status:** Approved with Conditions **Reviewer:** Cptn Greg Cass **Approval Date:** 08/10/2006
Note: **Ok to Issue:**
 1) Application requires State Fire Marshal approval.

Comments:
 8/10/2006-mjn: need stamped detailed plans notified the applicant.



SK 003