

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

INSPECTION

PERMIT

PERMIT ISSUED

Permit Number B00600199 2006

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that MAINE MEDICAL CENTER Monaghan Woodworks Inc.

has permission to Re-fit of existing office space

AT 66 BRAMHALL ST

054 B006001

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 procured before this building or part thereof is altered 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 2/17/06

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: 06-0199	Issue Date: <b>PERMIT ISSUED</b> FEB 20 2006	CBC: 054 B006001
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Location of Construction: 66 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone:
Business Name:	Contractor Name: Monaghan Woodworks Inc.	Contractor Address: 111 Commercial St, Portland	Phone: 2077752683
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: B2B RL

Past Use: Commercial	Proposed Use: Commercial re-fit of existing office space (medical) (geriatric outpatient clinic - ground floor)	Permit Fee: \$471.00	Cost of Work: \$49,900.00	CEO District: 2
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group B Type: 2B 2/22/06	

Proposed Project Description: Re-fit of existing office space (medical)	Signature: <i>[Signature]</i> 2/17/06	Signature: <i>[Signature]</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature	Date	

Permit Taken By: dmdrtin	Date Applied For: 02/10/2006	<b>Zoning Approval</b>
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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><b>Special Zone or Reviews</b></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: 2/16/06 <i>ABM</i></p>	<p><b>Zoning Appeal</b></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><b>Historic Preservation</b></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><i>ABM</i></p> <p>Date</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



# General 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>66 BRAMHALL STREET</u>		
Total Square Footage of Proposed Structure <u>N/A - 2000 S.F. FIT-UP</u>	Square Footage of Lot <u>N/A</u>	
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner: <u>MAINE MEDICAL CENTER 22 BRAMHALL ST.</u>	Telephone: <u>602-3323</u>
Lessee/Buyer's Name (If Applicable)  <u>N/A</u>	Applicant name, address & telephone: <u>ATTN: W. POGAK MAINE MEDICAL CENTER</u>	Cost Of Work: \$ <u>49,900.00</u> <del>49,900.00</del> Fee: \$ <u>77.00</u> C of O Fee: \$ _____
Current Specific use: <u>MEDICAL OFFICE</u> If vacant, what was the previous use? _____ Proposed Specific use: <u>MEDICAL OFFICE</u>		
Project description: <u>Re-fit of existing medical office space Geriatric Outpatient Clinic - ground floor.</u>		
Contractor's name, address & telephone: <u>MONAGHAN WOODWORKS      ATTN: M. RUSSO 100 COMMERCIAL ST      775-2683</u>		
Who should we contact when the permit is ready: <u>Will POGAK</u>		
Mailing address: <u>22 BRAMHALL ST Portland, ME 04102-3175</u> Phone: <u>602-3323</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 hill 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 on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), stop by the Building Inspections 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 of applicant: <u>[Signature]</u>	Date: <u>2/7/06</u>
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**This is not a permit; you may not commence ANY work until the permit is issued.**

**City of Portland, Maine - Building or Use Permit**

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

<b>Permit No:</b> 06-0199	<b>Date Applied For:</b> 02/10/2006	<b>CBL:</b> 054 B006001
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<b>Location of Construction:</b> 66 BRAMHALL ST	<b>Owner Name:</b> MAINE MEDICAL CENTER	<b>Owner Address:</b> 22 BRAMHALL ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Monaghan Woodworks Inc.	<b>Contractor Address:</b> 111 Commercial St. Portland	<b>Phone</b> (207) 775-2683
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Commercial re-fit of existing medical office space	<b>Proposed Project Description:</b> Re-fit of existing medical office space
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 02/16/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.			
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 02/22/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved	<b>Reviewer:</b> Jay Kelley	<b>Approval Date:</b> 02/17/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) Maintain NFPA 72 Fire alarm System			
2) Maintain NFPA 13 Sprinkler System.			

**Comments:**  
2/10/2006-dmartin: recieved application per MJN fees have not been paid/ dm