

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Please Read Application And Notes, If Any, Attached

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

PERMIT ISSUED

FEB 02 19 2006

Permit Number B006001

CITY OF PORTLAND

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 in charge of the work accepting this permit shall comply with all of the provisions of the Statutes of the State 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 proposed-in-occupied. FOUR 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: PERMIT ISSUED FEB 2 2006	CBL: 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, ME 04101	Phone: 2077751683
Lessee/Buyer's Name 	Phone: 	Permit Type: Alterations - Commercial	Zone: B26 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
Proposed Project Description: Re-fit of existing office space (medical)		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group B Type: 2B 7/27/06 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	Zoning Approval	
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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"/> <i>OK w/condition</i> Date: 2/16/06 <i>AB</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 <i>AB</i>
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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
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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 BRANTHALL 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 BRANTHALL ST.</u>	Telephone: <u>602-3523</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>ATTN: W. POGAR MAINE MEDICAL CENTER</u>	Cost Of Work: <u>\$99,900.00</u> 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>MONAHAN WOODWORKS 100 COMMERCIAL ST ATTN: M. RUSSO 775-2483</u>		
Who should we contact when the permit is ready: <u>Will POGAR</u>		
Mailing address: <u>22 BRANTHALL ST Portland, ME 04102-3175</u> Phone: <u>602-3523</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 on-line at 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>Will Pogar</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

Permit No: 06-0199	Date Applied For: 02/10/2006	CBL: 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 (207) 775-2683
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial re-fit of existing medical office space	Proposed Project Description: Re-fit of existing medical office space
---	--

Dept: Zoning	Status: Approved with Conditions	Reviewer: Ann Machado	Approval Date: 02/16/2006
Note:	Ok to Issue: <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.			

Dept: Building	Status: Approved	Reviewer: Mike Nugent	Approval Date: 02/22/2006
Note:	Ok to Issue: <input checked="" type="checkbox"/>		

Dept: Fire	Status: Approved	Reviewer: Jay Kelley	Approval Date: 02/17/2006
Note:	Ok to Issue: <input checked="" type="checkbox"/>		
1) Maintain NFPA 72 Fire alarm System			
2) Maintain NFPA13 Sprinkler System.			

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

Project:
 Geriatric
 Outpatient
 Clinic

66 Bramhall
 Ground Floor

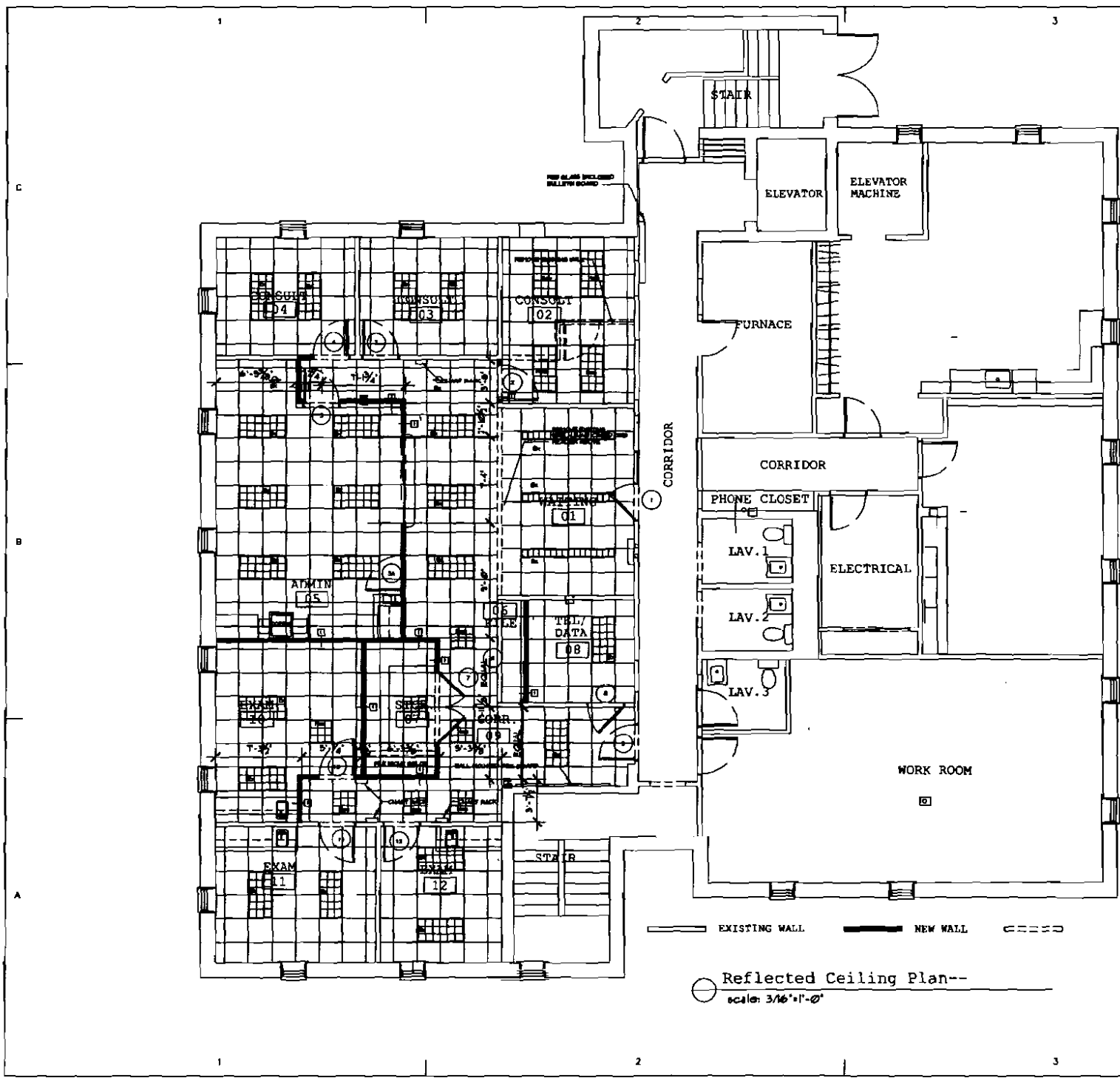
MARK	DATE	DESCRIPTION

ISSUE: For Pricing
 PROJECT NO: 26009
 CAD FILE: 26009.dwg
 DRAWN BY: WFP
 CHECKED BY: WFP

SHEET TITLE
**Reflected
 Ceiling Plan**

A-5

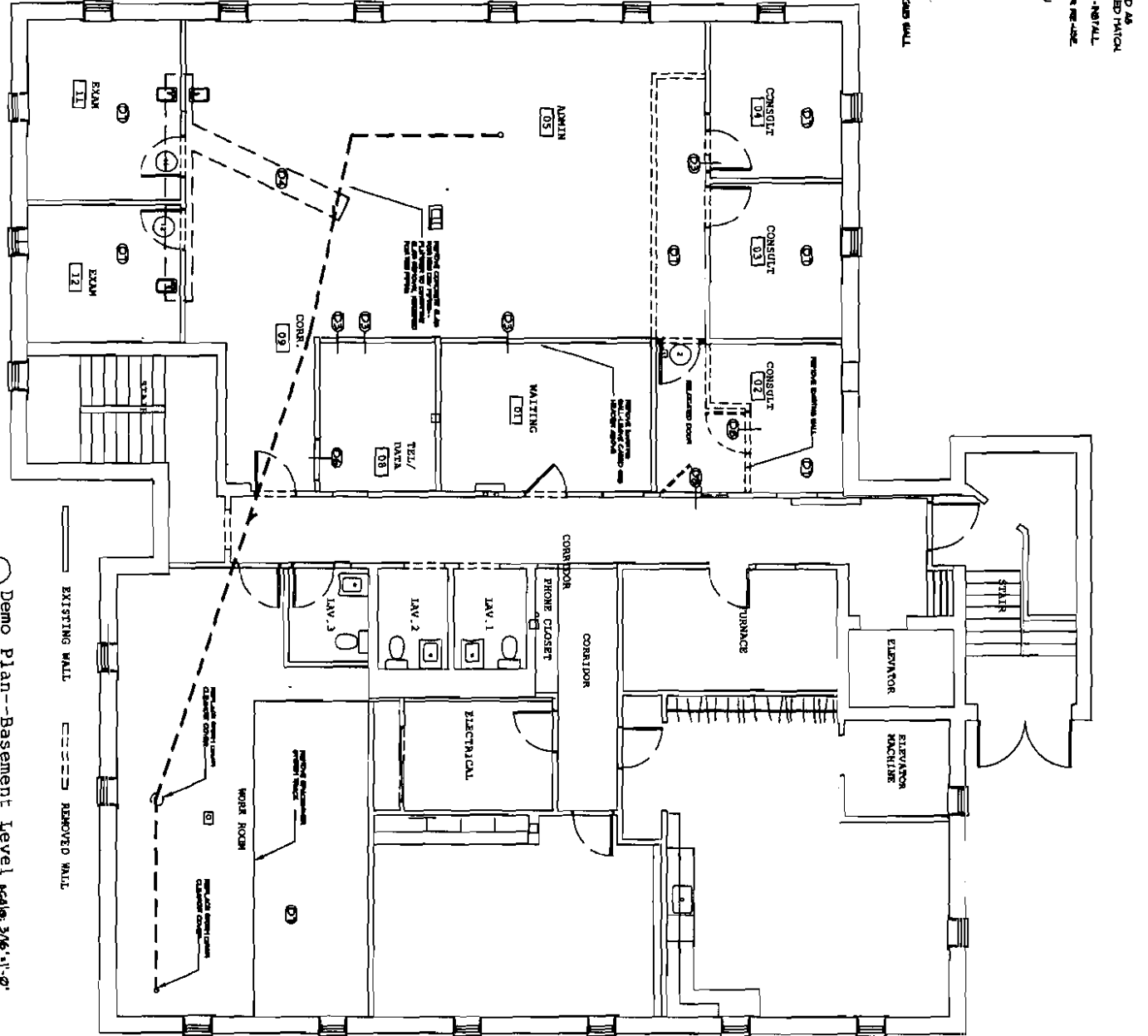
Sheet 1 of 1



○ Reflected Ceiling Plan--
 scale: 3/16"=1'-0"

DEMOLITION KEY NOTE LEGEND

- 01 EXISTING CEILING GRID TO REMAIN IN ROOMS LABELLED AS EXISTING TO REMAIN-SEE CEILING TILES TO BE REINSTALLED PATCH
- 02 REMOVE ALL EXISTING CEILING GRID AND TILE AND RE-INSTALL
- 03 REMOVE EXISTING BORECORED LIFE GLASS-SAVE FOR RE-USE
- 04 REMOVE EXISTING CONCRETE SLAB, AS READ FOR NEW DRAIN-WASTE-VENT PIPING
- 05 REMOVE EXISTING LIGHT FIXTURES-SAVE FOR RE-USE
- 06 DEMO WALL FOR NEW DOOR
- 07 REMOVE EXISTING FLOORING, PATCH AND PREPARE TO RECEIVE NEW CARPETING, AS REQUIRED.
- 08 REMOVE EXISTING DOOR-SAVE FOR RE-USE-INSTALL W/ GIBS WALL TO MATCH EXISTING



○ Demo Plan--Basement Level scale: 3/16"=1'-0"

Maine Medical Center
 66 Branchall
 Portland, ME 04102-1115
 734-7171 ext. 3015

CONSULTANTS

Project:
 Geriatric
 Outpatient
 Clinic

66 Branchall
 Ground Floor

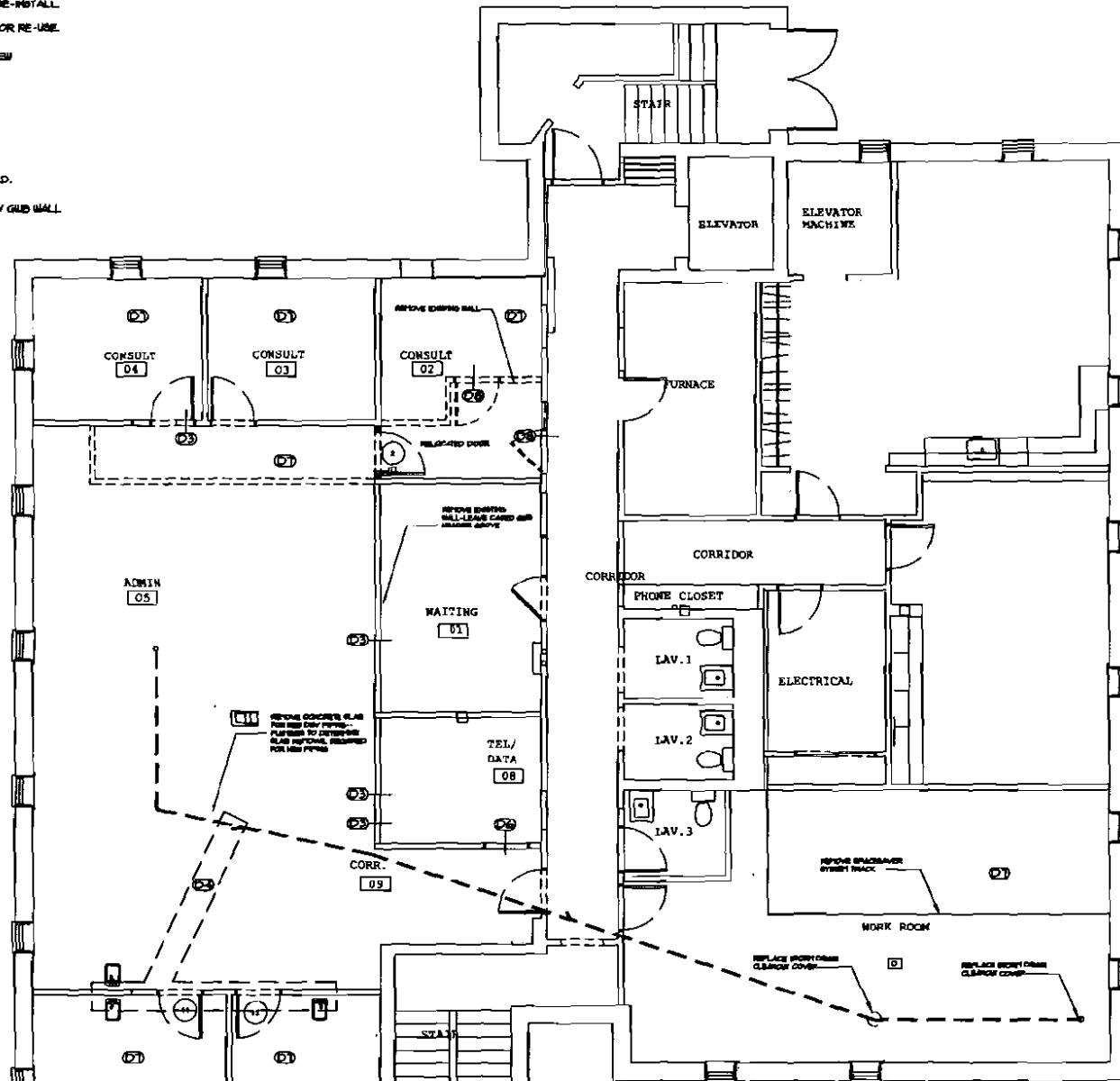
MARK DATE DESCRIPTION

SHEET TITLE
 Demo Plan

Sheet | 1 | of | 1

DEMOLITION KEY NOTE LEGEND

- (01) EXISTING CEILING GRID TO REMAIN IN ROOMS LABELLED AS EXISTING TO REMAIN-NEW CEILING TILES TO BE INSTALLED MATCH.
- (02) REMOVE ALL EXISTING CEILING GRID AND TILE AND RE-INSTALL.
- (03) REMOVE EXISTING BORROCAED LITE GLAZING-SAVE FOR RE-USE.
- (04) REMOVE EXISTING CONCRETE SLAB, AS REQ'D FOR NEW DRAIN-WASTE-VENT PIPING.
- (05) REMOVE EXISTING LIGHT FIXTURES-SAVE FOR RE-USE.
- C (06) DEMO WALL FOR NEW DOOR.
- (07) REMOVE EXISTING FLOORING, PATCH AND PREPARE TO RECEIVE NEW CARPET/VCT, AS REQUIRED.
- (08) REMOVE EXISTING DOOR-SAVE FOR RE-USE-INFL. W/ GUBB WALL TO MATCH EXISTING.



— EXISTING WALL - - - - - REMOVED WALL

Demo Plan--Basement Level scale: 3/16"=1'-0"



CONSULTANTS

Project:
 Geriatric
 Outpatient
 Clinic

66 Bramhall
 Ground Floor

MARK	DATE	DESCRIPTION

ISSUE: For Review
 PROJECT NO: 26008
 CAD DWG FILE: unknown
 DRAWN BY: WMP
 CHECKED BY: WMP

SHEET TITLE
 Demo Plan

D-1

Sheet 1 of -

CONSULTANTS

Project:
 Geriatric
 Outpatient
 Clinic

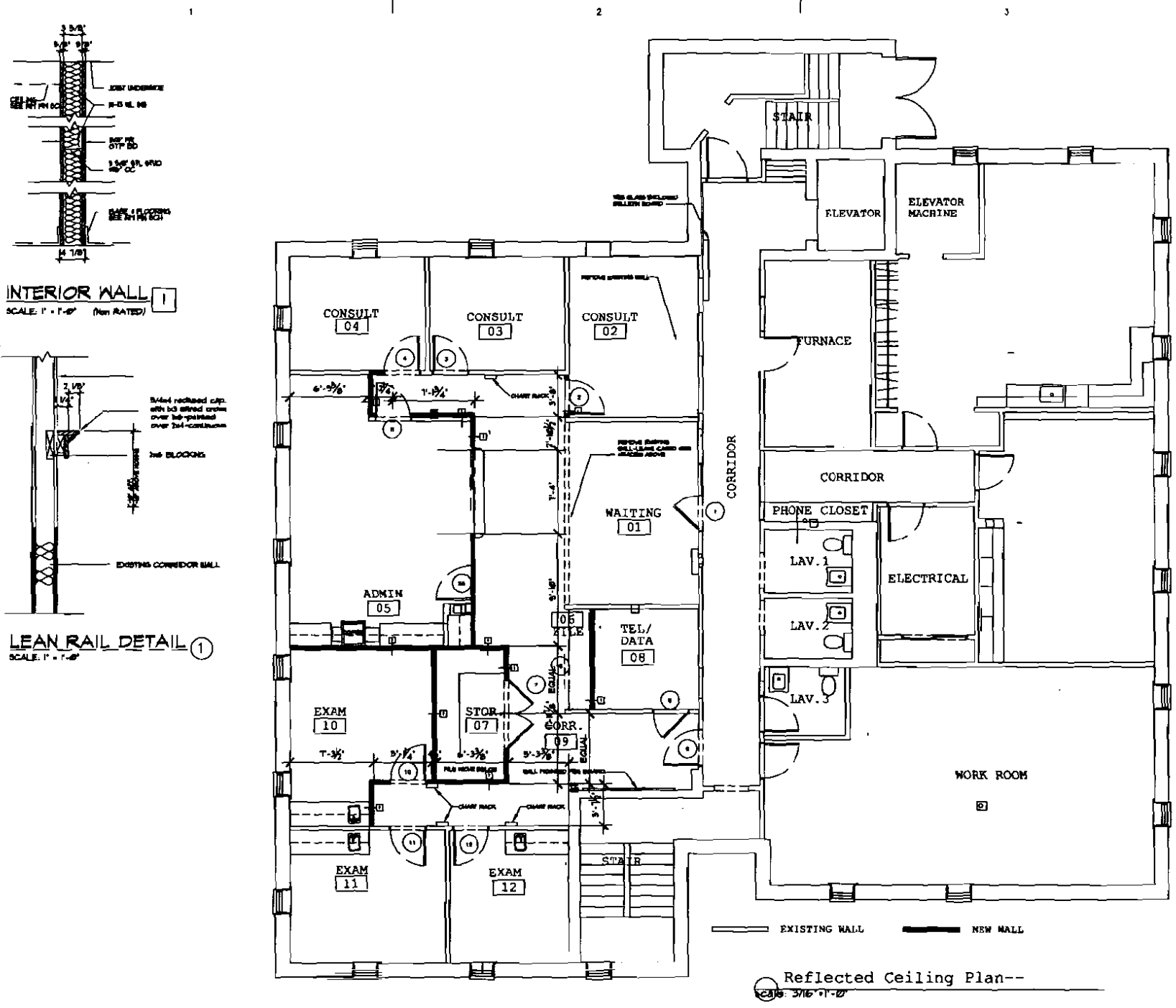
66 Bramhall
 Ground Floor

MARK	DATE	DESCRIPTION

ISSUE For Review
 PROJECT NO: 26008
 CAD DWG FILE: unmeasur
 DRAWN BY: WHP
 CHECKED BY: WHP

SHEET TITLE
Floor Plan

A-1
 Sheet 1 of 1



INTERIOR WALL
 SCALE: 1" = 1'-0" (Not RATED)

LEAN RAIL DETAIL
 SCALE: 1" = 1'-0"

Reflected Ceiling Plan--
 Scale: 3/16" = 1'-0"

DOOR SCHEDULE

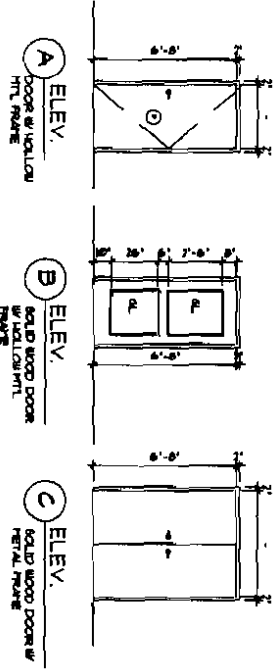
NO.	SIZE	TRK	MAT.	RATING	GLASS	SCHEDULE	FRAME		REMARKS
							MAT.	HEIGHT	
GROUND FLOOR									
1	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
2	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
3	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
4	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
5	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
6	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
7	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
8	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
9	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
10	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
11	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
12	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
13	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
14	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
15	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
16	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
17	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
18	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
19	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish
20	30x6	1 3/4"	WOOD	-	-	-	METAL	6'-0"	each existing specimen/finish

DOOR SCHEDULE ABBREVIATIONS:
 ALU ALUMINUM
 BRK BRICK
 CON CONCRETE
 GLD GLASS
 GRD GROUND
 INS INSULATION
 MET METAL
 MTL METAL
 RFR REFRIGERATION
 SGL SINGLE
 TRK TRACK
 WOOD WOOD
 YEL YELLOW

FINISH SCHEDULE

NO.	AREA	FINISH	FINISH		FINISH		FINISH		REMARKS
			WALL	CEILING	FLOOR	DOOR	WALL	CEILING	
1	BRK	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
2	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
3	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
4	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
5	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
6	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
7	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
8	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
9	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
10	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
11	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
12	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
13	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
14	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
15	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
16	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
17	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
18	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
19	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	
20	CONC'L	PTD	ACT	ACT	ACT	ACT	ACT	ACT	

INTERIOR BASEBOARD:
 A BASEBOARD, VENT. SLATE MATCH EXTERIOR COLOR TO BE DETERMINED



A ELEV.
DOOR w/ YELLOW
MTL FRAME

B ELEV.
DOOR w/ WOOD
DOOR w/ WOOD MTL
FRAME

C ELEV.
DOOR w/ WOOD
DOOR w/
METAL FRAME

Project:
 Geriatric
 Outpatient
 Clinic

**66 Branchhall
 Ground Floor**

SHEET TITLE
 Schedules

CONSULTANTS

Project:
 Geriatric
 Outpatient
 Clinic

66 Bramhall
 Ground Floor

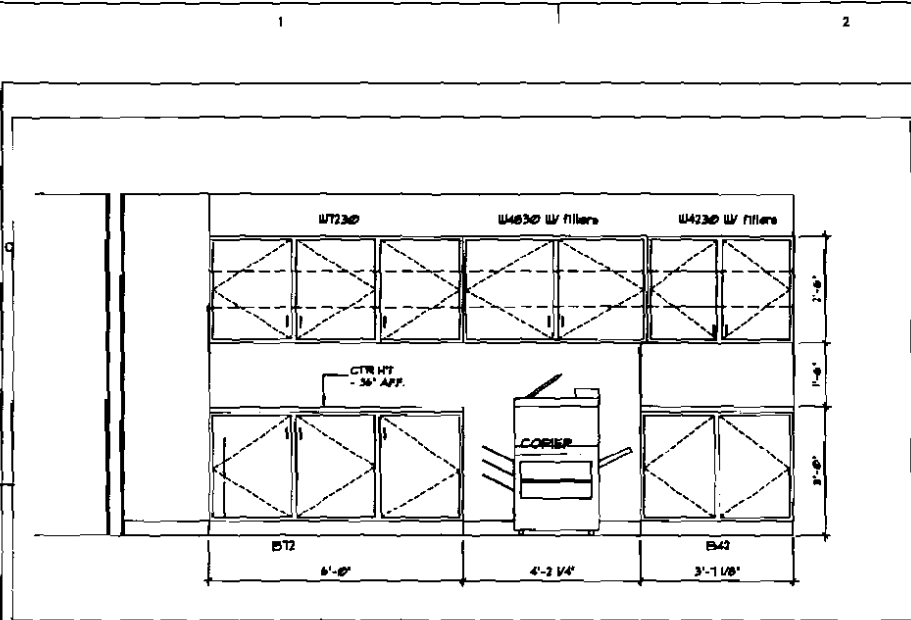
MARK DATE DESCRIPTION

ISSUE For Review
 PROJECT NO: 26008
 CAD FILE: 26008.cad
 DRAWN BY: KIPP
 CHECKED BY: KIPP

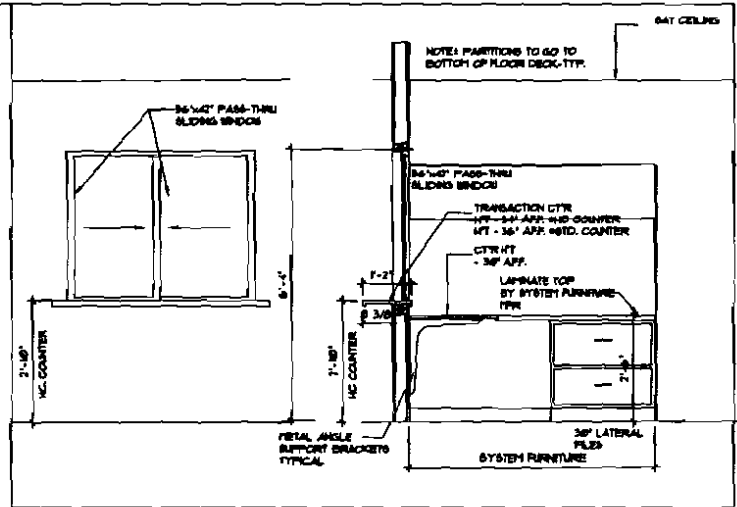
SHEET TITLE
 Interior
 Elevations

A-3

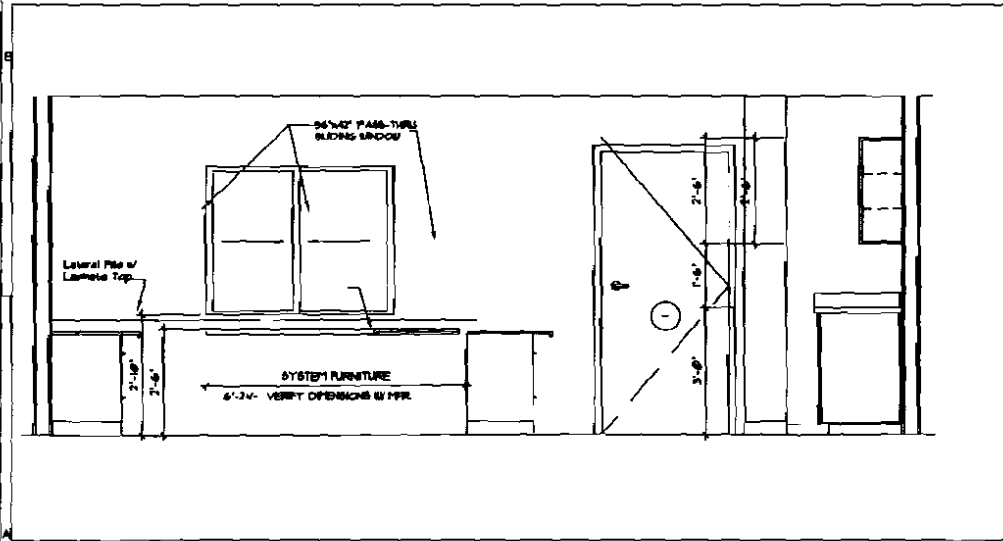
Sheet 1 of -



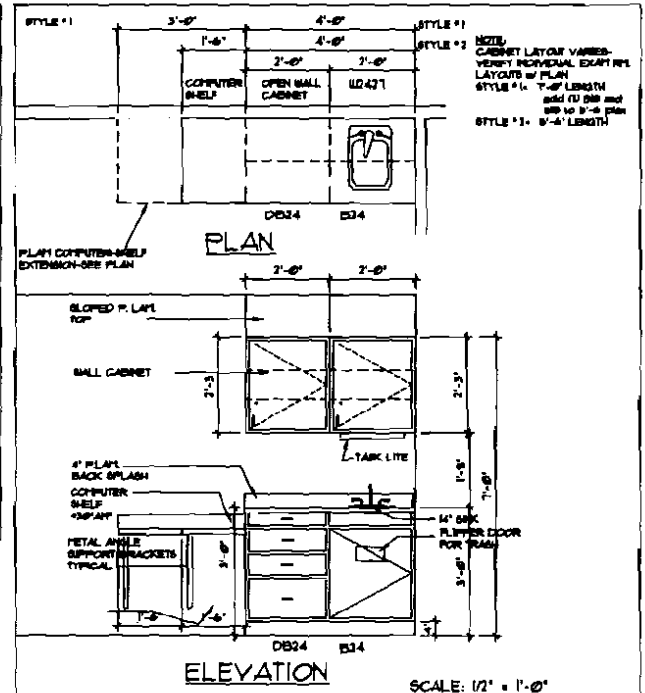
INTERIOR ELEV @ ADMIN WORK AREA SCALE: 1/2" = 1'-0"



INTERIOR ELEVATION @ RECEPTION



INT. ELEV. @ RECEPTION - ADMINISTR SCALE: 1/2" = 1'-0"



TYP. EXAM CABINETRY



Maine Medical Center

GERIATRIC OUTPATIENT CLINIC

66 BRAMHALL STREET

PORTLAND, MAINE

Maine Medical Center
22 Bramhall Street
Portland, ME 04102-3175
Facilities Development
207-671-2613

DRAWING LIST

T-1 COVER SHEET
A-1 DEMOLITION PLAN
A-2 FLOOR PLAN
A-3 SCHEDULES
A-4 INTERIOR ELEVATIONS
A-5 REFLECTED CEILING PLAN
A-6 FURNITURE PLAN

MATERIAL CONVENTIONS

	Asph/Flt Tile or Panel		Medium Vinyl
	Block		Flt Tile on Marble Substr
	Block		Flt Tile on Marble Substr
	Block		Flt Tile on Marble Substr
	Block		Flt Tile on Marble Substr
	Block		Flt Tile on Marble Substr
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	Block		Flt Tile on Marble Substr
	Block		Flt Tile on Marble Substr

GRAPHIC SYMBOLS

Graphic symbols for doors, windows, and other architectural elements. Includes symbols for swing doors, sliding doors, and various window types.

LINETYPES

Linetypes for walls, columns, and other structural elements. Includes solid wall, masonry wall, and column.

MISCELLANEOUS

Miscellaneous symbols for furniture, equipment, and other details. Includes symbols for desk, chair, and table.

CODE ANALYSIS/FIRE RESISTANCE RATINGS

APPLICABLE CODES	INTERNATIONAL BUILDING CODE, 2000 APPLICABLE WITH DEVELOPING ACT SPLA 02	
ASSEMBLY	Assembly	
CONSTRUCTION TYPE	TYPED - UNCONSTRUCTED	
FIRE RESISTANCE RATINGS		1/2 HOUR 1 HOUR 1 1/2 HOUR 2 HOUR 3 HOUR 4 HOUR 6 HOUR 8 HOUR

DOORS

Door symbols and types: Swing Door, Sliding Door, Revolving Door, and others.

WALL INDICATION

Wall symbols and types: Solid Wall, Masonry Wall, Partition Wall, and others.

DRAWING CONVENTIONS

CONSULTANTS

Project:
Geriatric
Outpatient
Clinic

66 Bramhall
Ground Floor

MARK DATE DESCRIPTION

ISSUE For Review
PROJECT NO. 26006
CAD DWG FILE: unknown
DRAWN BY: WFP
CHECKED BY: WFP

SHEET TITLE
Title Sheet

Sheet 1 of 1



CITY OF PORTLAND, MAINE
Department of Building Inspections

April 13 20 06

Received from Monahan Woodworks

Location of Work Cole Bramhall

Cost of Construction \$ 5,000

Permit Fee \$ 66

Building (IL) Plumbing (IS) Electrical (I2) Site Plan (U2)

Other _____

CBL: _____

Check #: 1419

Total Collected \$ 5066

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.

Donna
WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

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: PERMIT ISSUED FEB 23 2006	CBL: 054 B006001
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Business Name:	Contractor Name: Monaghan Woodworks Inc.	Contractor Address: 111 Commercial St, Portland	Phone: 207 775 2683
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
-------------------------	---	-------------------------	------------------------------	--------------------

Proposed Project Description: Re-fit of existing office space (medical)	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: 2B Signature: <i>[Signature]</i> Date: 2/22/06 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: dmartin	Date Applied For: 02/10/2006	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: 2/16/06 <i>ABN</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: <i>ABN</i>
--	---	--	--

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SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

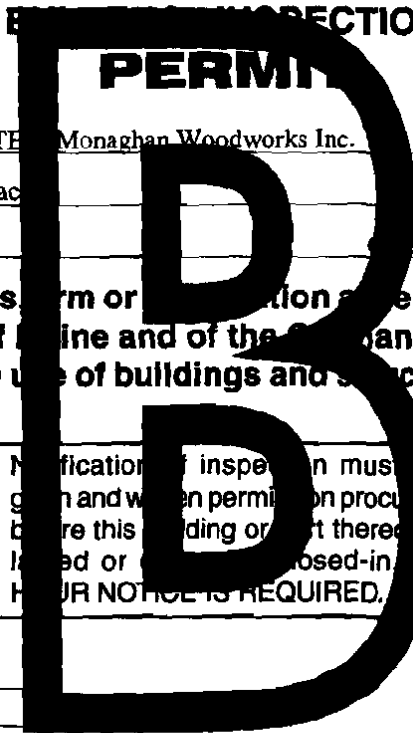
CITY OF PORTLAND

PERMIT ISSUED

Permit Number 580019 2006

CITY OF PORTLAND

Please Read
Application And
Notes, if Any,
Attached



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has permission to Re-fit of existing office space
AT 66 BRAMHALL ST L 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 is procured before this building or part thereof is leased or closed-in. HOUR NOTICES 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

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



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>602-3523</u>
Lessee/Buyer's Name (If Applicable) <u>N/A</u>	Applicant name, address & telephone: <u>ATTN: W. FOGAR MAINE MEDICAL CENTER</u>	Cost Of Work: \$ <u>49,900.00</u> 99,000.00 Fee: \$ <u>471.00</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 100 COMMERCIAL ST ATTN: M. RUSSO 775-2483</u>		
Who should we contact when the permit is ready: <u>Will FOGAR</u>		
Mailing address: <u>22 BRAMHALL ST Portland, ME 04102-3175</u> Phone: <u>602-3523</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 on-line at 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:

Date:

2/7/06

City of Portland, Maine - Building or Use Permit

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

Permit No: 06-0199	Date Applied For: 02/10/2006	CBL: 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: (207) 775-2683
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	

Proposed Use: Commercial re-fit of existing medical office space	Proposed Project Description: Re-fit of existing medical office space
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 02/16/2006

Note: **Ok to Issue:**

1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved **Reviewer:** Mike Nugent **Approval Date:** 02/22/2006

Note: **Ok to Issue:**

Dept: Fire **Status:** Approved **Reviewer:** Jay Kelley **Approval Date:** 02/17/2006

Note: **Ok to Issue:**

- 1) Maintain NFPA 72 Fire alarm System
- 2) Maintain NFPA13 Sprinkler System.

Comments:

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

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initialzing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

~~N/A~~ Footing/Building Location Inspection: Prior to pouring concrete
~~A/X~~ Re-Bar Schedule Inspection: Prior to pouring concrete
~~N/A~~ Foundation Inspection: Prior to placing ANY backfill
~~Call~~ Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
~~Call~~ Final/Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

 If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

 CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED

Willie R. [Signature]
Signature of Applicant/Designee

3/3/06
Date

Paula Rivera [Signature]
Signature of Inspections Official

3/3/06
Date

CBL: 054 3000

Building Permit #: 060199

Town or Plantation: Portland
Street Subdivision Lot #: 66 Bramhall
MAINE Medical Center
Last: _____ **First:** _____
Applicant Name: Darling Plumbing & Heat Inc.
Mailing Address of Owner/Applicant (if Different): 27 Vanish Ave
Portland, ME 04103

PORTLAND PERMIT # 9782 TOWN COPY
Date Permit Issued: 3/15/06 **FEE:** \$ 1128 If Double Fee Charged
Local Plumbing Inspector Signature: *[Signature]* **L.P.L. #:** 06411

Owner/Applicant Statement
 I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.
[Signature] 3/15/06
 Signature of Owner/Applicant Date

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
 Local Plumbing Inspector Signature Date Approved

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <i>office</i>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <i>107160</i>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	93	Sink
		Drinking Fountain		Wash Basin
	Indirect Waste		Water Closet (Toilet)	
	Water Treatment Softener, Filter, etc.		Clothes Washer	
	Grease / Oil Separator		Dish Washer	
	Roof Drain		Garbage Disposal	
OR TRANSFER FEE (\$6.00)		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	93	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE
24
10
1/34