

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT ISSUED
Permit Number: 060552
MAY 5 2006
CITY OF PORTLAND

This is to certify that MAINE MEDICAL CENTER Monaghan Woodworks Inc.
has permission to Amend permit # 06-0199 Creating 3 walls to create more office space
AT 66 BRAMHALL ST Portland, ME 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. Craig Cass 5-306
Health Dept.
Appeal Board
Other Department Name

[Signature] 5/4/06
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

<b>Location of Construction:</b> 66 BRAMHALL ST		<b>Owner Name:</b> MAINE MEDICAL CENTER		<b>Owner Address:</b> 22 BRAMHALL ST		Permit No: 06-0552 Issue Date: <b>PERMIT ISSUED</b> MAY - 5 2006 054 B006001	
<b>Business Name:</b>		<b>Contractor Name:</b> Monaghan Woodworks Inc.		<b>Contractor Address:</b> 111 Commercial St. Portland		Phone: 207-753-6833	
<b>Lessee/Buyer's Name</b>		<b>Phone:</b>		<b>Permit Type:</b> Amendment to Commercial		Zone: F-6	
<b>Past Use:</b> Commercial		<b>Proposed Use:</b> Commercial Amend permit # 06-0199 Creating 3 walls to create more office space <i>outpatient clinic - ground floor</i>		<b>Permit Fee:</b> \$66.00		<b>Cost of Work:</b> \$5,000.00	
<b>Proposed Project Description:</b> Amend permit # 06-0199 Creating 3 walls to create more office space		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<b>INSPECTION:</b> Use Group: B Type: 25 5/4/06 Signature: Greg Cass Signature: [Signature]		<b>CEO District:</b> 2	
				<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			
<b>Permit Taken By:</b> dmartin		<b>Date Applied For:</b> 04/13/2006		<b>Zoning Approval</b>			
		<b>Special Zone or Reviews</b> <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: 5/1/06		<b>Zoning Appeal</b> <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:		<b>Historic Preservation</b> <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:	

**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.

Total Square Footage of Proposed Structure		Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#		Owner:	Telephone:
54      B      006		MJC	
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:		cost Of Work: \$ 5,000.00
	Monahan Woodworks 100 Commercial St Portland		Fee: \$ 666
			C of O Fee: \$
Current Specific use: Commercial			
Proposed Specific use:			
Project description: Amend permit # 060199, Creating 3 walls for more office space			
Contractor's name, address & telephone:			
Who should we contact when the permit is ready: Mailing address: Phone: Brad 5410			

**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](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.

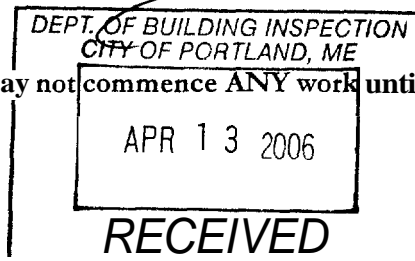
Signature of applicant:

*Brad Fulay*

Date:

4/13/06

This is not a permit; you may not commence ANY work until the permit is issued.



✓ # 1419

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

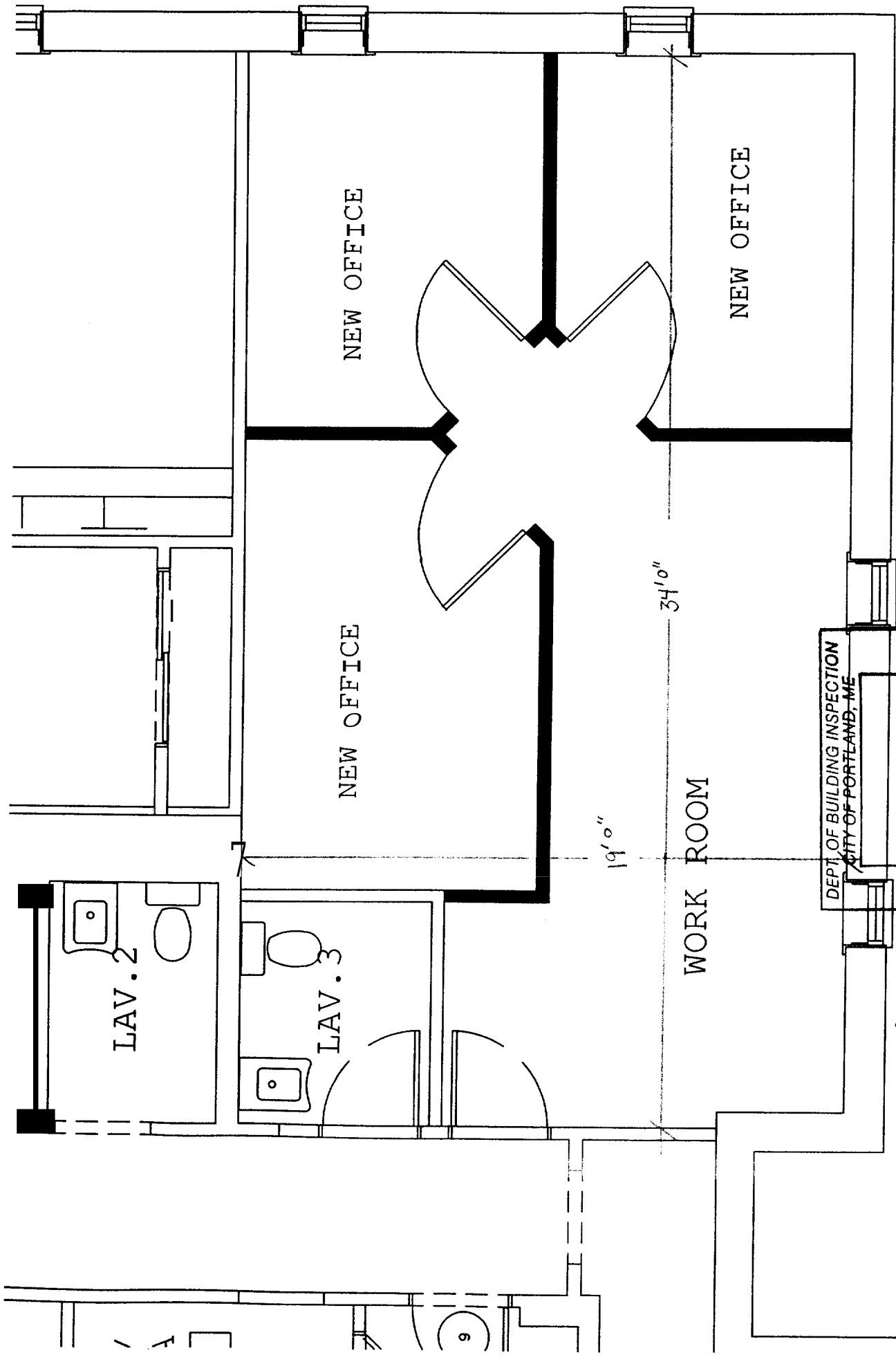
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 06-0552	<b>Date Applied For:</b> 04/13/2006	<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> Amendment to Commercial	

	<b>Proposed Project Description:</b> Amend permit # 06-0199 Creating 3 walls to create more office space
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<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 05/01/2006	<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 05/04/2006	<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Note:</b>				
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 05/03/2006	<b>Ok to Issue:</b> <input type="checkbox"/>
<b>Note:</b>				
1) The supression and detection systems shall be reviewed for compliance				



66 BRAMHALL LOWER LEVEL  
MORRISAN WOODWORKS, INC.

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME  
APR 13 2006  
RECEIVED

ADDENDUM to existing  
building permit # 060199