

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

# CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

## BUILDING DEPARTMENT PERMIT

**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 performing or supervising 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 leased or occupied. **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 5-3-06  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_  
Department Name \_\_\_\_\_

*[Handwritten Signature]*  
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: 06-0552	Issue Date: <b>PERMIT ISSUED</b> MAY - 5 2006	054 B006001
-----------------------	---	-------------

Location of Construction: 66 BRAMHALL ST	Owner Name: MAINE MEDICAL CENTER	Owner Address: 22 BRAMHALL ST	Phone: 2006
Business Name:	Contractor Name: Monaghan Woodworks Inc.	Contractor Address: 111 Commercial St. Portland 04103	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Commercial	Zone: K-1

Past Use: Commercial	Proposed Use: Commercial Amend permit # 06-0199 Creating 3 walls to create more office space <i>outpatient clinic - ground floor</i>	Permit Fee: \$66.00	Cost of Work: \$5,000.00	CEO District: 2
Proposed Project Description: Amend permit # 06-0199 Creating 3 walls to create more office space		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>2B</i> <i>5/4/06</i>	

Signature: *Greg Cuss* Signature: *[Signature]*

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Taken By: dmartin	Date Applied For: 04/13/2006	<b>Zoning Approval</b>	
-----------------------------	---------------------------------	------------------------	--

<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: <i>5/1/06</i></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: _____</p>
---	---	---	--

**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>Cec Bramhall</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot#	Owner:	Telephone:
<u>54      B      006</u>	<u>MJC</u>	
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone:	Cost Of Work: \$ <u>5,000.00</u>
	<u>Monahan Woodworks</u> <u>100 Commercial St</u> <u>Portland</u>	Fee: \$ <u>66</u>
		C of O Fee: \$ _____
Current Specific use: <u>Commercial</u>	Proposed Specific use: _____	
Project description: <u>(Amend permit # 060199, Creating 3 walls for more office space)</u>		
Contractor's name, address & telephone:		
Who should we contact when the permit is ready: <u>Brad</u>		
Mailing address: _____ Phone: <u>756 5410</u>		

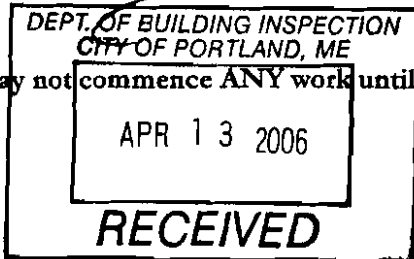
Please submit all of the information outlined in the Commercial Application Checklist. Failure to do so will result in the automatic denial of your permit.

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](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>Brad Fulan</u>	Date: <u>4/13/06</u>
---	----------------------

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**

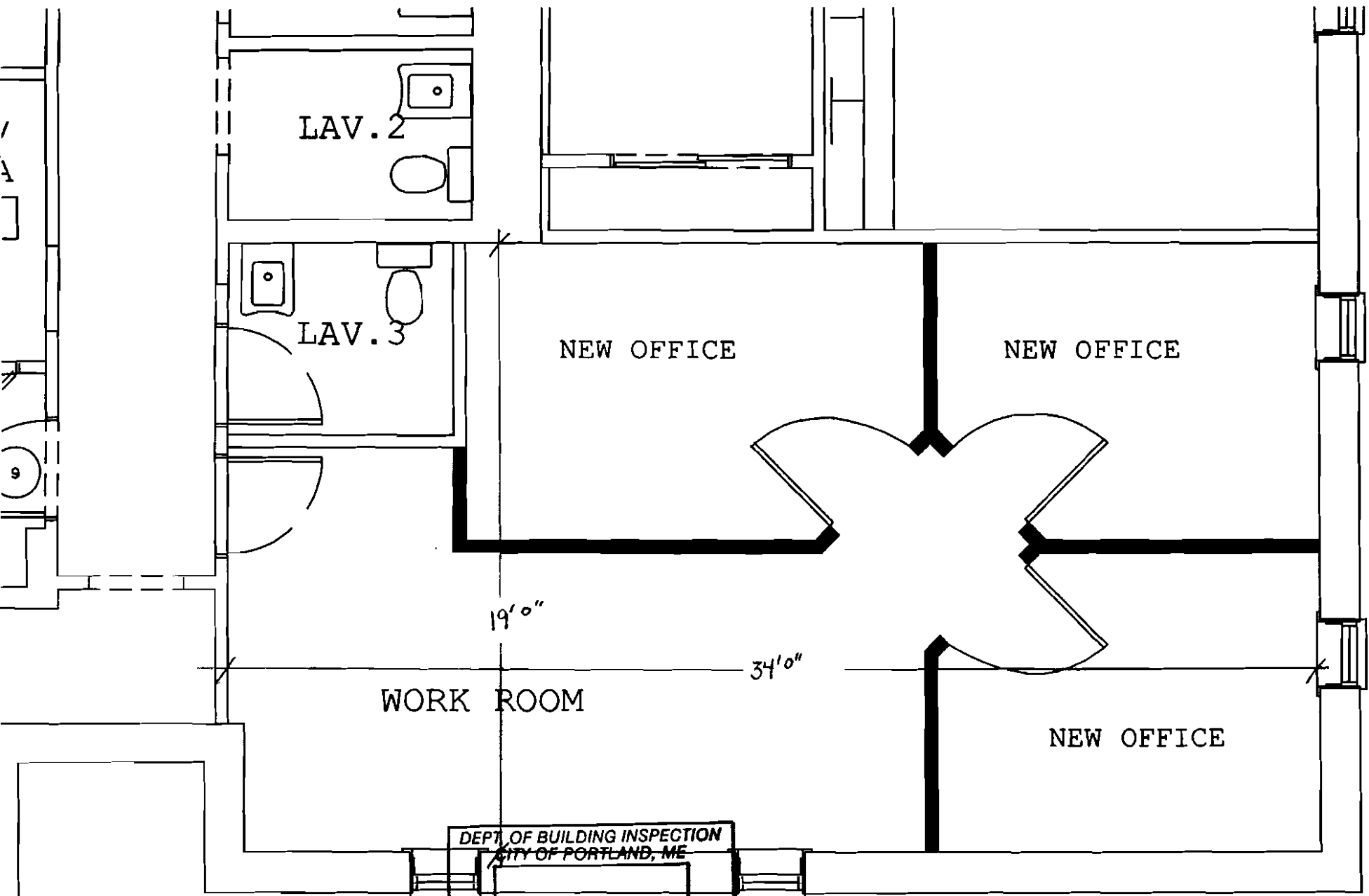
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 06-0552	<b>Date Applied For:</b> 04/13/2006	<b>CBL:</b> 054 B006001
------------------------------	--	----------------------------

<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 Use:</b> Commercial Amend permit # 06-0199 Creating 3 walls to create more office space- out patient clinic on the ground floor	<b>Proposed Project Description:</b> Amend permit # 06-0199 Creating 3 walls to create more office space
--	---

<b>Dept:</b> Zoning	<b>Status:</b> Approved	<b>Reviewer:</b> Marge Schmuckal	<b>Approval Date:</b> 05/01/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Building	<b>Status:</b> Approved	<b>Reviewer:</b> Mike Nugent	<b>Approval Date:</b> 05/04/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<b>Dept:</b> Fire	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Cptn Greg Cass	<b>Approval Date:</b> 05/03/2006
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
1) The suppression and detection systems shall be reviewed for compliance			



LAV. 2

LAV. 3

NEW OFFICE

NEW OFFICE

WORK ROOM

NEW OFFICE

19'0"

34'0"

DEPT. OF BUILDING INSPECTION  
CITY OF PORTLAND, ME

APR 13 2006

RECEIVED

Addendum to existing  
building permit # 060199

66 BRAMHALL LOWER LEVEL  
MONAGHAN WOODWORKS, Inc.