



CITY OF PORTLAND, MAINE
Department of Building Inspections

June 29 20 05

Received from Benchmark

Location of Work 189 Park Ave / Tris Network

Cost of Construction \$ _____

Permit Fee \$ 31,002.00

Building (I) Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CDL 52 C 003

Check #: 40272

Total Collected \$ 31,002.00

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: 05-0727	Issue Date: PERMIT ISSUED JUN 20 2005	DBL: 054 C006001
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Location of Construction: 34 Ellsworth 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 Dr, Deering	Phone: 3082236026
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: R-1

Past Use: Vacant Land	Proposed Use: Temporary Construction Trailer	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 2
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FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>with conditions</i>	INSPECTION: Use Group: <i>U/B</i> Type: <i>5B</i> <i>CONSTR TRAILER</i> <i>6/17/05</i>
Signature: <i>Car. L...</i>	Signature:

Proposed Project Description:
Temporary Construction Trailer

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: Idobson	Date Applied For: 06/09/2005	Zoning Approval	
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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>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland <i>to be removed when construction is completed</i></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>OK 6/10/05</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>
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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
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City of Portland, Maine - Building or Use Permit Application

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

Permit No: 05-0727	Issue Date: PERMIT ISSUED JUN 20 2005	DBL: 064 CC06001
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Location of Construction: 34 Ellsworth 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 Dr	Phone: 82236026
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: R-6

Past Use: Vacant Land	Proposed Use: Temporary Construction Trailer	Permit Fee: \$30.00	Cost of Work: \$1,000.00	CEO District: 2
Proposed Project Description: Temporary Construction Trailer		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>with conditions</i>	INSPECTION: Use Group: <i>U/B</i> Type: <i>53</i> <i>CONSTR. TRAILER</i> <i>6/17/05</i>	

Signature: <i>G. Lewis</i>		Signature:	
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: Idobson	Date Applied For: 06/09/2005	Zoning Approval	
-----------------------------	---------------------------------	------------------------	--

<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>6/10/05</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>
	<p><i>to be removed when construction is completed</i></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 _____

Form # P 04

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

BUILDING DEPARTMENT PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
Permit Number: 050727
JUN 20 2005
CITY OF PORTLAND

This is to certify that Maine Medical Center/William Berry & Co Inc
has permission to Temporary Construction Trade
AT 34 Ellsworth St Portland, ME 054 C006001

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 occupied 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. Capt. Green, Cases 6-13-05
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

[Signature]
Director - Building Inspection Services

PENALTY FOR REMOVING THIS CARD



Commercial 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>22 Bramhall Street</u>		
Total Square Footage of Proposed Structure 1440 SF	Square Footage of Lot 5840 SF	
Tax Assessor's Chart, Block & Lot Chart# 54 Block# C Lot# 6	Owner: Maine Medical Center, Hank Dunn	Telephone: 207.871.6799
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Maine Medical Center 22 Bramhall Street Portland, ME 04102-375	Cost Of Work: \$ <u>\$1000.00</u> Fee: \$ <u>\$30</u>
Current Specific use: <u>Vacant Land</u>		
Proposed Specific use: <u>Temporary Construction Trailer</u>		
Project description: Installation of a temporary construction trailer on vacant land owned by MMC.		
Contractor's name, address & telephone <u>William A. Berry & Son, Inc., 99 Conifer Hill Drive, Danvers, MA 01923, (978) 774-1057</u>		
Who should we contact when the permit is ready: <u>Jason E. Lansberry</u>		
Mailing address: <u>William A. Berry & Son, Inc.</u> <u>c/o Maine Medical Center, PO Box 113</u> <u>22 Bramhall Street</u> <u>Portland, ME 04102-3175</u>		Phone: <u>203.223.6026</u>

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

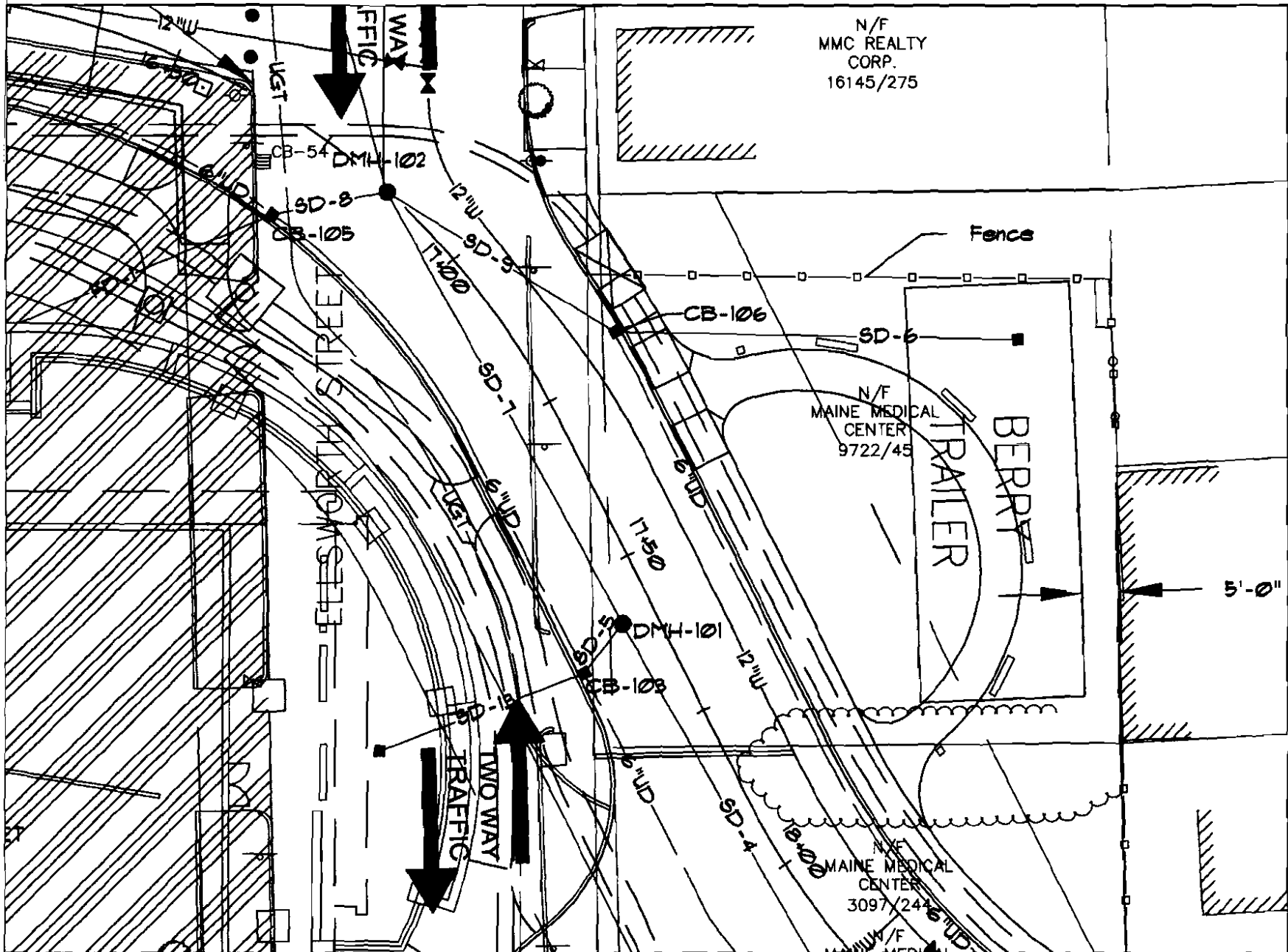
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 874-8703.

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Signature of applicant: 	Date: <u>6/8/05</u>
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Permit Fee: \$30.00 for the first \$1000.00 Construction Cost, \$9.00 per additional \$1000.00 cost

This is not a Permit; you may not commence any work until the Permit is issued.



N/F
MMC REALTY
CORP.
16145/275

N/F
MAINE MEDICAL
CENTER
9722/45

N/F
MAINE MEDICAL
CENTER
3097/24



- LEGEND**
- AMBULANCE AREA
 - CONSTRUCTION WORK/STAGING ZONES
 - EXISTING ELEMENTS TO BE REMOVED FOR ACCESS
 - EXISTING ROADWAYS
 - EXISTING BUILDINGS
 - NEW BUILDINGS
 - NEW ROADWAYS
 - JERSEY BARRIER LINE WITH TARPED FENCE TOP
 - TARPED FENCE LINE
 - CONSTRUCTION GATE
 - SAFETY BARRELS



COMPUTER-AIDED
DRAWINGS

WILLIAM A. BERRY & SON, INC.
80 CONSERVATION HILL DRIVE
PORTLAND, ME 04103
TEL: (603) 774-1100
FAX: (603) 777-8277

ONE OFFICE: 900 CORNING STREET
MAE PARKER SQUARE - LEVEL A
PORTLAND, ME 04102
PH: 207/998-0000

DATE: 11/14/00
SCALE: 1/4"=1'-0"
PROJECT: MMC EXPANSION PROJECT
PORTLAND, MAINE
SHEET: FIELD TRAILER LAYOUT
DRAWING NO: MISC-001



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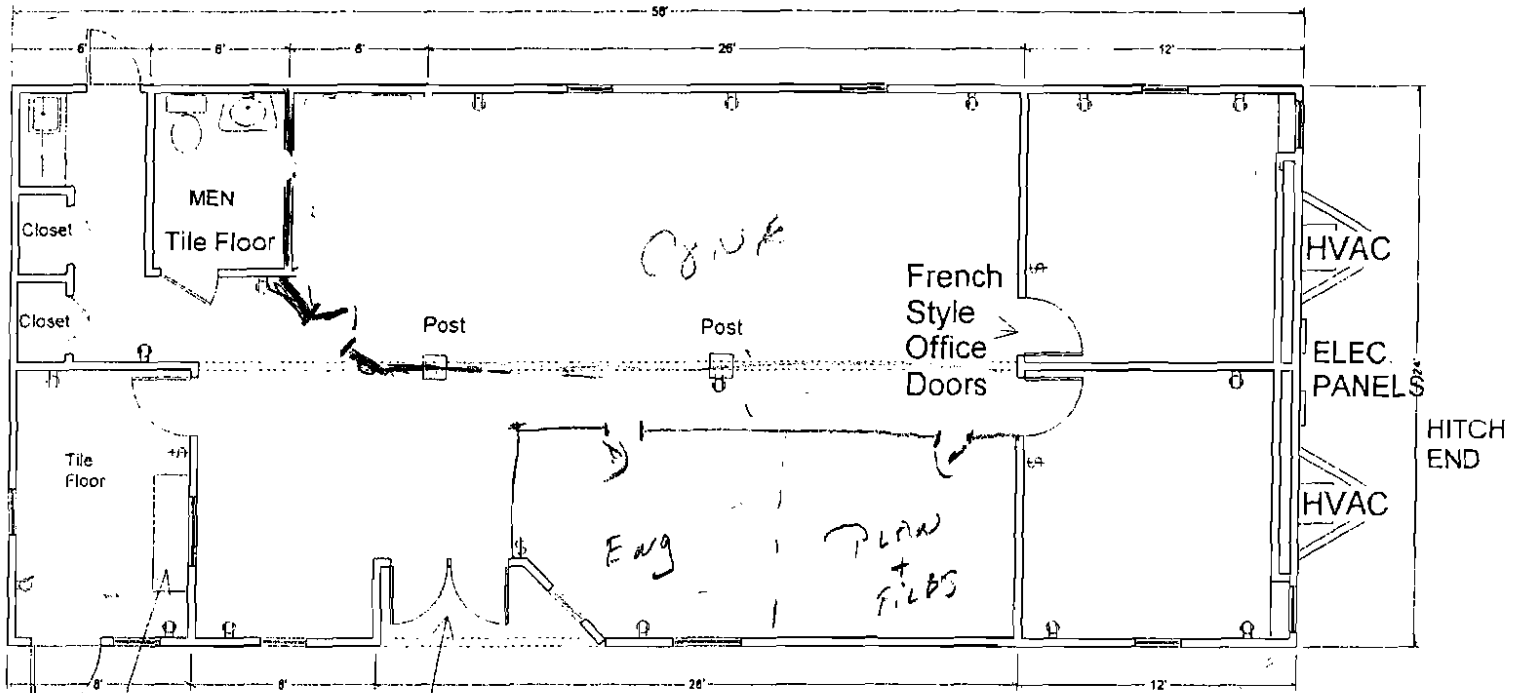
PORTLAND ME
154 PLEASANT HILL ROAD
BOX 4
SCARBOROUGH, ME. 04074
Phone: 207-885-9743 Fax: 207-883-4299

DATE: 04/04/2005 15:47:05
FAX TO: Tom Perkins
COMPANY: WILLIAM BERRY & SONS
FAX NUMBER: 978-777-8217
FROM: Evan Nicholas
PHONE: 207-885-9743
FAX: 207-883-4299

NUMBER OF PAGES INCLUDING COVER SHEET: 5

MESSAGE:

24' x 56' Box Size Doublewide Designer Office Building



18" x 60"
Counter
w/ 36" x
36"
Sliding
Window
above

Recessed T1-11 (Wood Ext. Siding) UNIT # 010998-010999
Entryway w/ Vinyl Covered Gypsum Int.
Double French Walls
Doors Carpet throughout except
where noted
4' Coffee Bar w/ Sink and
Wall and Base Cabinets
Central Heat & Air (elec)