

Form # P04

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 & Sons, Inc.  
 has permission to Temporary Construction Traffic  
 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 procured before this building or part thereof is laid 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**

# 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	Issued On: <b>PERMIT ISSUED</b> JUN 20 2005	BL: 054 C006001
-----------------------	---	--------------------

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 City of Portland	Phone: 207 223 6026
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>1/B</i> Type: <i>SB</i> <i>CONSTR. TRAILER</i> <i>6/17/05</i>	

Signature: *G. L...*

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

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:  Approved  Approved w/Conditions  Denied

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

Permit Taken By: Idobson	Date Applied For: 06/09/2005	<b>Zoning Approval</b>
-----------------------------	---------------------------------	------------------------

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <i>to be removed when construction is completed</i> <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"/>	<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	<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>6/10/05</i>	Date: _____	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

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

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

<b>Permit No:</b> 05-0727	<b>Date Applied For:</b> 06/09/2005	<b>CBL:</b> 054 C006001
------------------------------	--	----------------------------

<b>Location of Construction:</b> 34 Ellsworth 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> William Berry & Sons, Inc.	<b>Contractor Address:</b> 99 Conifer Hill Drive Danvers	<b>Phone:</b> (203) 223-6026
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Commercial	

<b>Proposed Use:</b> Temporary Construction Trailer	<b>Proposed Project Description:</b> Temporary Construction Trailer
--	--

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 06/10/2005  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Mike Nugent      **Approval Date:** 06/17/2005  
**Note:**      **Ok to Issue:**   
1) Stairs and Guard Must comply with Chapter 10 of the 2003 IBC, the supplier and GC have been notified  
2) per Planning

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Cptn Greg Cass      **Approval Date:** 06/13/2005  
**Note:**      **Ok to Issue:**   
1) Maintain access for fire apperatiuous

**Dept:** Fire      **Status:**      **Reviewer:**      **Approval Date:**      **Ok to Issue:**



# 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.

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: \$ 30
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 William A. Berry & Son, Inc., 99 Conifer Hill Drive, Danvers, MA 01923, (978) 774-1057		
Who should we contact when the permit is ready: <u>Jason E. Lansberry</u>		
Mailing address: William A. Berry & Son, Inc. c/o Maine Medical Center, PO Box 113 22 Bramhall Street Portland, ME 04102-3175		Phone: 203.223.6026

**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.**

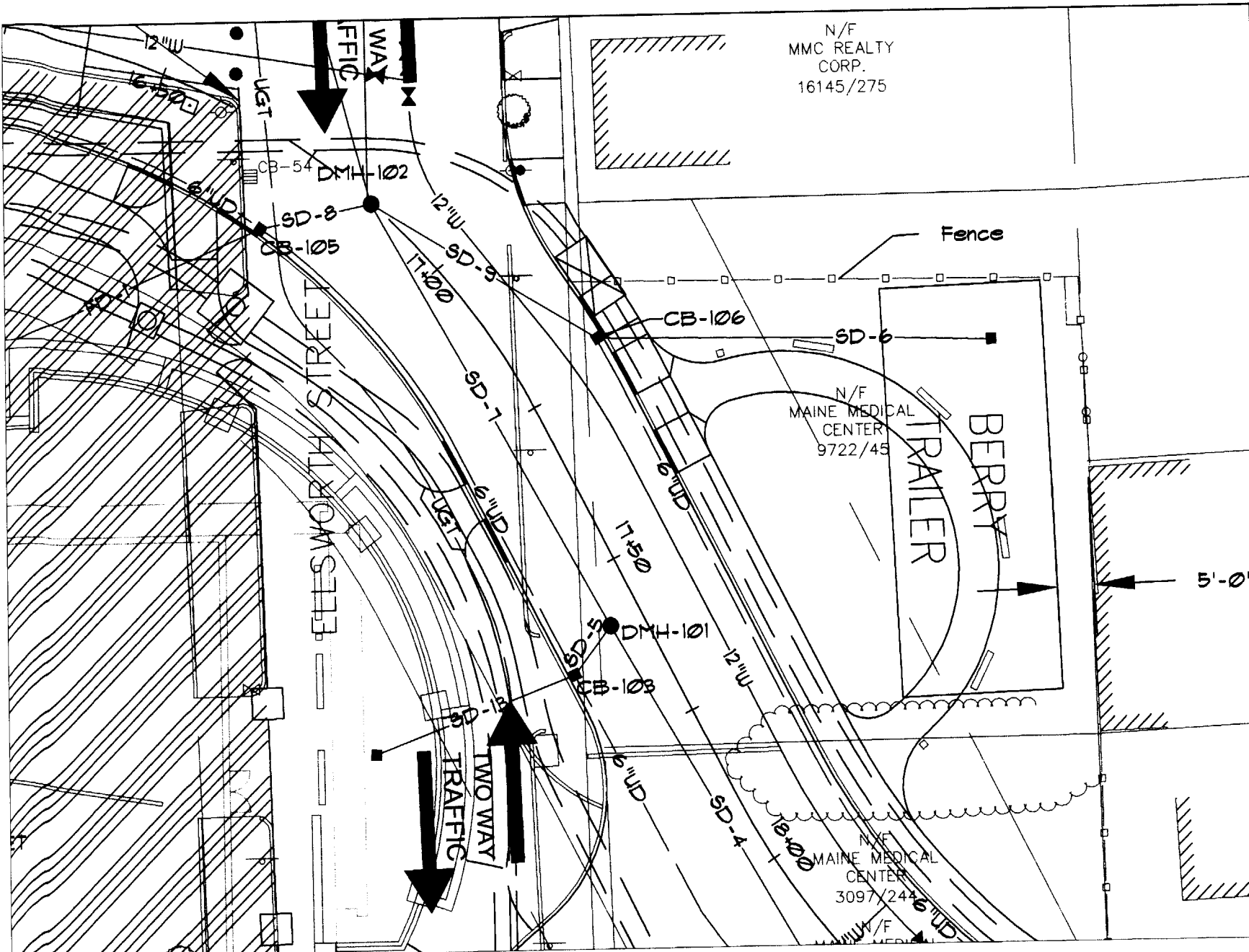
At the discretion of the Planning and Development Department, additional information may be required prior to permit approval. For further information stop by the Building Inspections office, room 315 City Hall or call 873-8703

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: *J.E. Lansberry* Date: 6/18/05

**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  
3097/244



**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 TARPET
-  FENCE TOP
-  TARPED FENCE LINE
-  CONSTRUCTION GATE
-  SAFETY BARRELS



COMPUTER-AIDED  
DRAWING

WILLIAM A. BERRY & SON, INC.  
90 CORNER HILL DRIVE  
DANVERS, MA 01823  
TEL: (978) 774-1087  
FAX: (978) 777-8217  
SITE OFFICE: 800 CONGRESS STREET  
MMC PARKING GARAGE - LEVEL A  
PORTLAND, ME 04102  
PH: 207/882-8636

04-009-0

DATE: 01/17/99	DESIGNED BY: SD
SCALE: 1"=40'-0"	DATE: 01/17/99
PROJECT: MMC EXPANSION PROJECT PORTLAND, MAINE	
TITLE: FIELD TRAILER LAYOUT	
DRAWING NO: MISC-001	

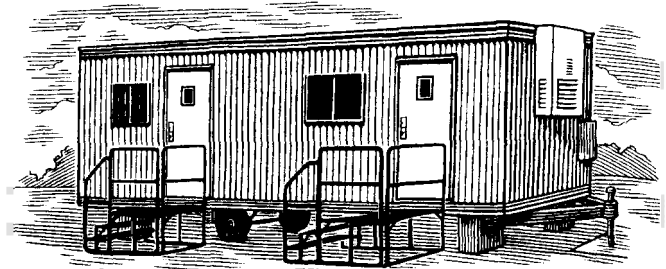


GE Capital Modular Space

# modspace.com

## Sign Up For Premier Services™

- ❖ Instant access to your account 24 hrs a day
- ❖ View Lease/Rental Activity
- ❖ Invoice History
- ❖ Equipment Sales
- ❖ Unit Spec Information



**Order your next building on-line**

**Become a registered member of Premier Services™ today: 800.523.7918**

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

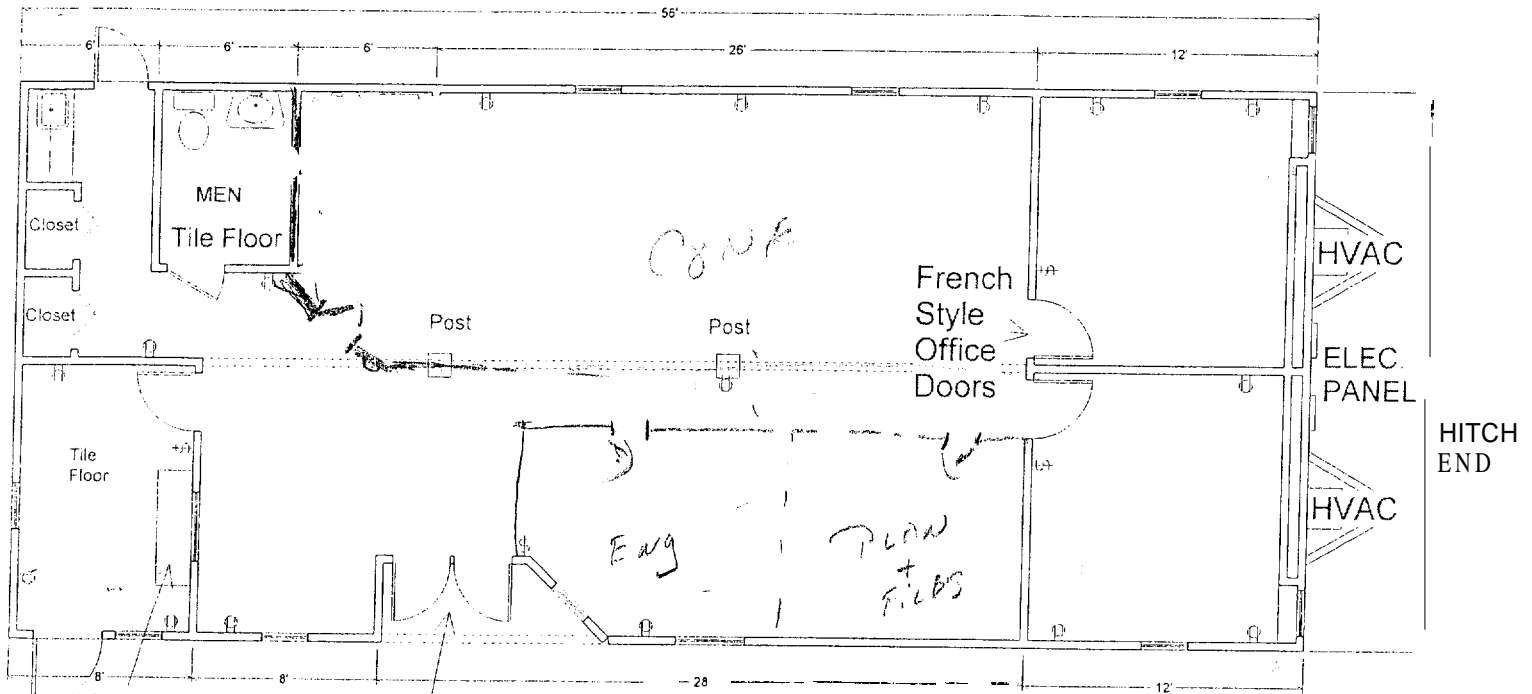
PHONE: 207-885-9743

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

**UNIT # 010998-010999**