

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

Please Read  
Application And  
Notes, If Any,  
Attached

## BUILDING DEPARTMENT PERMIT

Permit Number: 021051

This is to certify that Maine Medical Center /Hebert Construction

has permission to Moving and Adding walls to reconfigure space.

AT 47 Bramhall St L 054 E009001

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 written permission procured before this building or part thereof is altered or closed-in. HEAVY 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. W.H.M.C.

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

<b>PERMIT ISSUED</b>	
Permit No: 02-1051	CBL: 054 E009001
OCT 2 2002	

<b>Location of Construction:</b> 47 Bramhall St	<b>Owner Name:</b> Maine Medical Center	<b>Owner Address:</b> 22 Bramhall St	<b>Phone:</b> 207-871-2447
<b>Business Name:</b> n/a	<b>Contractor Name:</b> Hebert Construction LLC	<b>Contractor Address:</b> 9 Gould Rd. Lewiston	<b>Phone:</b> 2077832091
<b>Lessee/Buyer's Name:</b> n/a	<b>Phone:</b> n/a	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b> Rto

<b>Past Use:</b> Maine Medical Center / Emergency Room Department	<b>Proposed Use:</b> Maine Medical Center / Reconfiguring Space by adding and moving walls, to accommodate physician reading station.	<b>Permit Fee:</b> \$863.00	<b>Cost of Work:</b> \$120,000.00	<b>CEO District:</b> 3
<b>Proposed Project Description:</b> Moving and Adding walls to reconfigure space.		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: I2 Type: 2B 10/1/02 Signature: [Signature]	

PDF given to mch 9/19/02

**Signature:** [Signature] **Signature:** [Signature]

**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)**

Action:  Approved  Approved w/Conditions  Denied

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

<b>Permit Taken By:</b> gg	<b>Date Applied For:</b> 09/12/2002	<b>Zoning Approval</b>	
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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.</li> </ol>	<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 checked="" type="checkbox"/> MM Date: 9/17/02	<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 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: Any exterior work requires a separate review
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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

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE  
PERMIT IS ISSUED

## All Purpose 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: Maine Medical Center - 22 Bramhall Street

Total Square Footage of Proposed Structure	Square Footage of Lot
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Tax Assessor's Chart, Block & Lot Number Chart# <u>034</u> Block# <u>E</u> Lot# <u>009</u>	Owner: Maine Medical Center 22 Bramhall Street Portland, ME 04104	Telephone#: 871-2447
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Lessee/Buyer's Name (If Applicable)	Owner's/Purchaser/Lessee Address:	Cost Of Work: \$ <u>120,000.</u> Fee: \$ <u>744.00</u>
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Current use: Emergency Room Department 863.00

If the location is currently vacant, what was prior use:  
Approximately how long has it been vacant:

Proposed use: Emergency Room Department

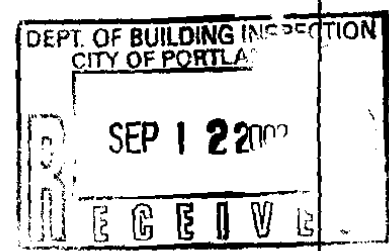
Project description: Minor alterations to accommodate additional physician reading station. *Moving & adding wall reconfiguring space*

Contractor's Name, Address & Telephone: Hebert Construction, LLC (783-2091)  
9 Gould Road  
Lewiston, ME 04240

Applicants Name, Address & Telephone: Daniel R. Hebert  
See above

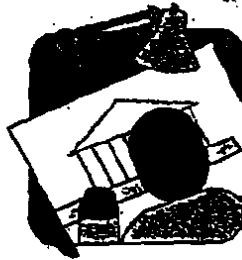
Who should we contact when the permit is ready: Daniel R. Hebert *call*

Telephone: 783-2091 *xx*



If you would like the permit mailed, what mailing address should we use:

*in a hurry*  
Rec'd By: *[Signature]*



# CITY OF PORTLAND MAINE

389 Congress St., Rm 315

Portland, ME 04101

Tel. - 207-874-8704

Fax - 207-874-8716

TO: Inspector of Buildings City of Portland, Maine  
Planning & Urban Development  
Division of Housing & Community Services

FROM DESIGNER: HARRIMAN ASSOCIATES

DATE: 9.11.02

Job Name: MAINE MEDICAL CENTER ED READING RENOVATION

Address of Construction: 22 BRADHALL ST. PORTLAND

### THE BOCA NATIONAL BUILDING CODE/1999 Fourteenth EDITION

Construction project was designed according to the building code criteria listed below:

Building Code and Year BOCA 1999 Use Group Classification(s) I 2

Type of Construction ZB. EX'G Bldg. Height EXIST' 6 Bldg. Sq. Footage EXIST' 6

Seismic Zone NA Group Class NA

Roof Snow Load Per Sq. Ft. NA Dead Load Per Sq. Ft. NA

Basic Wind Speed (mph) NA Effective Velocity Pressure Per Sq. Ft. NA

Floor Live Load Per Sq. Ft. NA

Structure has full sprinkler system? Yes  No  Alarm System? Yes  No   
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

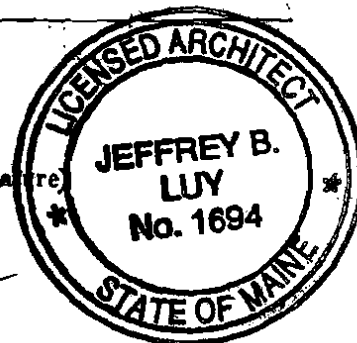
Is structure being considered unlimited area building: Yes  No

If mixed use, what subsection of 313 is being considered \_\_\_\_\_

List Occupant loading for each room or space, designed into this Project.

READING ROOM : 5 OCCUPANTS

(Designers Stamp & Signature)



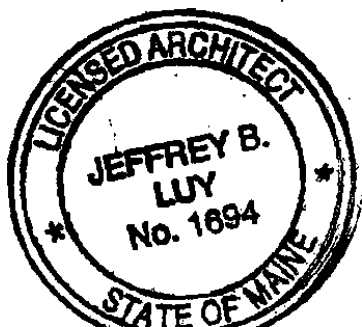


CITY OF PORTLAND  
ACCESSIBILITY CERTIFICATE

Designer: HARRIMAN ASSOCIATES  
 Address of Project: 22 BRADHALL ST, PORTLAND  
 Nature of Project: MAINE MEDICAL CENTER  
EMERGENCY DEPT READING ROOM RENOVATION  
 Date: 9.11.02

The technical submissions covering the proposed construction work as described above have been have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act.

(SEAL)



Signature: [Handwritten Signature]  
 Title: Architect  
 Firm: HARRIMAN ASSOC  
 Address: ONE AVENUE BUSINESS PARK  
AVENUE, ME 04210  
 Telephone: 784-5100



CITY OF PORTLAND  
BUILDING CODE CERTIFICATE  
389 Congress St., Rm 315  
Portland, ME 04101

TO: Inspector of Buildings City of Portland, Maine  
Department of Planning & Urban Development  
Division of Housing & Community Service

FROM: HARRIMAN ASSOCIATES

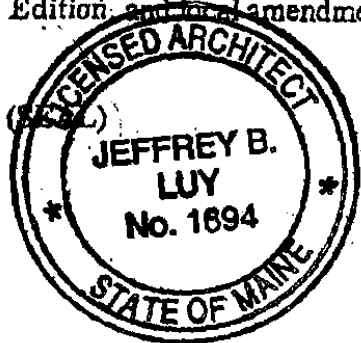
RE: Certificate of Design

DATE: 9.11.02

These plans and/or specifications covering construction work on:

MAINE MEDICAL CENTER ED READING  
RENOVATION

Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1999 Fourteenth Edition and local amendments.



Signature [Handwritten Signature]

Title ARCHITECT

Firm HARRIMAN ASSOC

Address ONE AVENUE BUSINESS PARK  
AUBURN, ME 04210

As per Maine State Law:

\$50,000.00 or more in new construction; repair, expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.