

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 03-1304	Issue Date:	CEB: 063 A006001
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Location of Construction: 7 Bramhall St	Owner Name: Waterman Elnora W Wasson Land	Owner Address: One City Center	Phone:
Business Name:	Contractor Name: Monaghan Woodworks Inc.	Contractor Address: 111 Commercial St. Portland	Phone 2077752683
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: R6

Doctor's Office/Commercial	Doctor's Office/Commercial	\$4,791.00 \$530,000.00	CEO District: 3
FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: SB 12/30/03 Signature: <i>[Signature]</i>	

Proposed Project Description:
Upgrade Building to Current Life/Safety & ADA Requirements/
Tenant Fit-Up

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

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: gad	Date Applied For: 10/21/2003	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance.	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>4/1/03</i>	Zoning Appeal <input checked="" 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: _____	Historic Preservation <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: <i>requires A</i> <i>Separate request</i>
	<i>Separate permit required for my new sign</i>		

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

1/17/04 underground plumbing okay

4/27/04 elevator shaft pour okay - noted to Tom (at

site) square insp. still needed - JD

1/22/04 elev. shaft to basement okay plumbing + framing to
close in

5/25/04 - footings 3x3 (3) 1ft deep rebar - okay to pour

26/05/2004 footings okay and test of plumbing in basement

06/04/2004 first floor close in okay JD

6/1/04 - framing okay in basement area + first floor JD

08/08/04 framing okay - first floor island

8/15/04 final okay

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 3/4/04
 Permit # 2004-4200
 CBL# 063 A 006

LOCATION: 7 BRANHALL ST METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER MAINE MEDICAL CENTER
 TENANT MAIN MED/WATERMAN PHONE# 207-871-2880

							TOTAL	EACH	FEE
OUTLETS	167	Receptacles	47	Switches		Smoke Detector	214	.20	42.80
FIXTURES		Incandescent	144	Fluorescent		Strips	144	.20	28.80
SERVICES		Overhead		Underground		TTL AMPS <800		15.00	
		Overhead		Underground		>800		25.00	
Temporary Service		Overhead		Underground		TTL AMPS		25.00	
								25.00	
METERS	5	(number of)					5	1.00	5.00
MOTORS		(number of)						2.00	
RESID/COM		Electric units						1.00	
HEATING		oil/gas units		Interior	8	Exterior	8	5.00	40.00
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00	
		Insta-Hot		Water heaters		Fans		2.00	
		Dryers		Disposals		Dishwasher		2.00	
		Compactors		Spa		Washing Machine		2.00	
		Others (denote)						2.00	
MISC. (number of)		Air Cond/win						3.00	
		Air Cond/cent				Pools		10.00	
		HVAC		EMS		Thermostat		5.00	
		Signs						10.00	
		Alarms/res						5.00	
	1	Alarms/com					1	15.00	15.00
		Heavy Duty(CRKT)						2.00	
		Circus/Carnv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
	17	E Lights					17	1.00	17.00
		E Generators						20.00	
PANELS	5	Service		Remote		Main	5	4.00	20.00
TRANSFORMER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva						10.00	
							TOTAL AMOUNT DUE		168.60
MINIMUM FEE/COMMERCIAL 45.00							MINIMUM FEE 35.00		

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OK # 9595

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	Rochester
Street	W. Main St
Subdivision Lot #	
Mailing Address of Owner/Applicant (If Different)	170 Main St
Signature of Owner/Applicant	<i>[Signature]</i>
Date	4/12/11

Date Permit Issued: 4/12/11 \$ 11,950.00 If Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 0890

63 A 006

Caution: Inspection Rewired

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>Industrial</u></p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>07169</u></p>
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	Type of Fixture	Column 1	
		Number	Type of Fixture
<p>HOOK-UP: to public sewer in is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center; font-size: 2em;">OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center; font-size: 2em;">OR</p> <p>TRANSFER FEE [\$6 00]</p>	Hosebib / Sillcock		Bathtub (and Shower)
	Floor Drain		Shower (Separate)
	Urinal	1	Sink
	Drinking Fountain	0	Wash Basin
	Indirect Waste	0	Water Closet (Toilet)
	Water Treatment Softener, Filter, etc.		Clothes Washer
	Grease / Oil Separator		Dish Washer
	Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub
	Other: _____		Water Heater
Fixtures (Subtotal) Column 2		22	Fixtures (Subtotal) Column 1
		22	Fixtures (Subtotal) Column 2
			Total Fixtures
			Fixture Fee
			Transfer Fee
			Hook-Up & Relocation Fee
			Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Handwritten: 3179, 208



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 7 Bramhall St

CBL 063 A006001

Issued to Waterman Elnora W Wasson Land Trust/Monaghan Woodwor Date of Issue 08/13/2004

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed **as** to use under Building Permit No. 03-1304, **has** had **final** inspection, **has** been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, **as** indicated below.

PORTION OF BUILDING OR PREMISES

entire

APPROVED OCCUPANCY

Use Group: B
Type: 5-B
BOCA 1999

Limiting Conditions:

none

This certificate supersedes
certificate issued

Approved:

[Signature]

(Date) Inspector

[Signature]

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

*JLK
JPD
8/13/04*