

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

## BUILDING INSPECTION

### PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 071312

PERMIT ISSUED  
NOV 26 2007  
CITY OF PORTLAND

This is to certify that 7 BRAMHALL STREET L Monaghan Woodworks Inc.

has permission to Medical Office Building - Tenant fitup - mechanical space connected w/ permit#03-1304

AT 7 BRAMHALL ST 063 A006001

provided that the person or persons who perform or supervise the work in accepting this permit shall comply with all of the provisions of the Statutes of this 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 is procured before this building or part thereof is loaded or service is resumed in it. HOUR NOTIFICATION IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

#### OTHER REQUIRED APPROVALS

Fire Dept. Greg Cross

Health Dept. \_\_\_\_\_

Appeal Board \_\_\_\_\_

Other \_\_\_\_\_  
Department Name

*Jamie Banks 11/26/07*  
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: 07-1312	Issue Date:	CBL: 063 A006001
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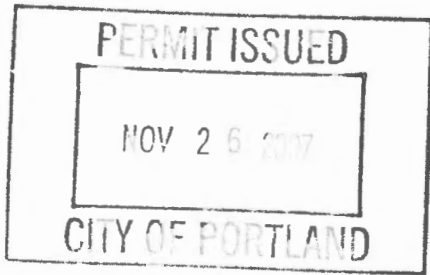
Location of Construction: 7 BRAMHALL ST	Owner Name: 7 BRAMHALL STREET LLC	Owner Address: 160 ANN MARY BROWN DR	Phone:
Business Name:	Contractor Name: Monaghan Woodworks Inc.	Contractor Address: 100 Commercial St. Portland	Phone: 2077752683
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: R-6

Past Use: Commercial - Medical Office Building	Proposed Use: Commercial - Medical Office Building - Tenant fitup for unfinished space connected w/ permit#03-1304	Permit Fee: \$420.00	Cost of Work: \$40,000.00	CEO District: 2
Proposed Project Description: Medical Office Building - Tenant fitup for unfinished space connected w/ permit#03-1304		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>see conditions</i>	INSPECTION: Use Group: B Type: SB FBC 2003	
		Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>	
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: 10/17/2007	<b>Zoning Approval</b>		
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Major <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>11/21/07</i>	Date: _____	Date: <i>work requires A</i>



*Any exterior work requires A Separate Review & Approval*

**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> 07-1312	<b>Date Applied For:</b> 10/17/2007	<b>CBL:</b> 063 A006001
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<b>Location of Construction:</b> 7 BRAMHALL ST	<b>Owner Name:</b> 7 BRAMHALL STREET LLC	<b>Owner Address:</b> 160 ANN MARY BROWN DR	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Monaghan Woodworks Inc.	<b>Contractor Address:</b> 100 Commercial St. Portland	<b>Phone</b> (207) 775-2683
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Additions - Commercial	

<b>Proposed Use:</b> Commercial - Medical Office Building - Tenant fitup for unfinished space connected w/ permit#03-1304	<b>Proposed Project Description:</b> Medical Office Building - Tenant fitup for unfinished space connected w/ permit#03-1304
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 10/31/2007

**Note:** **Ok to Issue:**

- 1) The current approved occupancy is for a medical office building. Any change of use shall require a separate building permit for reviews and approval.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.
- 3) ANY exterior work requires a separate review and approval thru Historic Preservation. This property is located within an Historic District.
- 4) Separate permits shall be required for any new signage.

**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Jeanine Bourke      **Approval Date:** 11/26/2007

**Note:** **Ok to Issue:**

- 1) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed as tested in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 11/01/2007

**Note:** **Ok to Issue:**

- 1) The Fire alarm and Sprinkler systems shall be reviewed by a licensed contractor[s] for code compliance. Compliance letters are required.
- 2) A single source supplier should be used for all through penetrations.
- 3) All construction shall comply with NFPA 101

**Comments:**

11/15/2007-jmb: Left voicemail w/Brad F. For more info. Compared orig. Permit # 03-1304 plans and there is a reduction in bathrooms from the previous fit up

11/19/2007-jmb: Spoke with Brad F. And Joe D. About the number of bathrooms. Code requires 2 in that space, they will speak with the client and inform.

11/26/2007-jmb: Brad submitted plans showing a second bathroom, ok to issue



# General Building Permit Application

DEPT. OF CIVIL ENGINEERING  
OCT 17 2007

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>7 BRANHALL ST. PORTLAND, MAINE</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart#      Block#      Lot# <u>63 A 6</u>	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <u>BRAD Finlay</u> Address <u>100 COMMERCIAL ST</u> City, State & Zip <u>PORTLAND</u>	Telephone: <u>775-2683X32</u>
Lessee/DBA (If Applicable) <u>MAINE MEDICAL CENTER</u>	Owner (if different from Applicant) Name <u>WATERMAN ELMORA W WASSON LAND</u> Address <u>ONE CITY CENTER</u> City, State & Zip <u>PORTLAND</u>	Cost Of Work: \$ <u>40,000.00</u> C of O Fee: \$ <u>75</u> Total Fee: \$ <u>495</u>
Current legal use (i.e. single family) _____ If vacant, what was the previous use? <u>SEE PERMIT 03-1304</u> Proposed Specific use: <u>office</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>TENANT FITUP, PERMIT ISSUED DEC 2003 FOR BASE building renovation. This application is for permission to finish remaining space.</u>		
Contractor's name: <u>MONAGHAN WOODWORKS INC</u> Address: <u>100 COMMERCIAL ST PORTLAND ME</u> City, State & Zip _____ Telephone: <u>775-2683X32</u> Who should we contact when the permit is ready: <u>BRAD Finlay</u> Telephone: <u>756-5410</u> Mailing address: <u>SAME</u>		

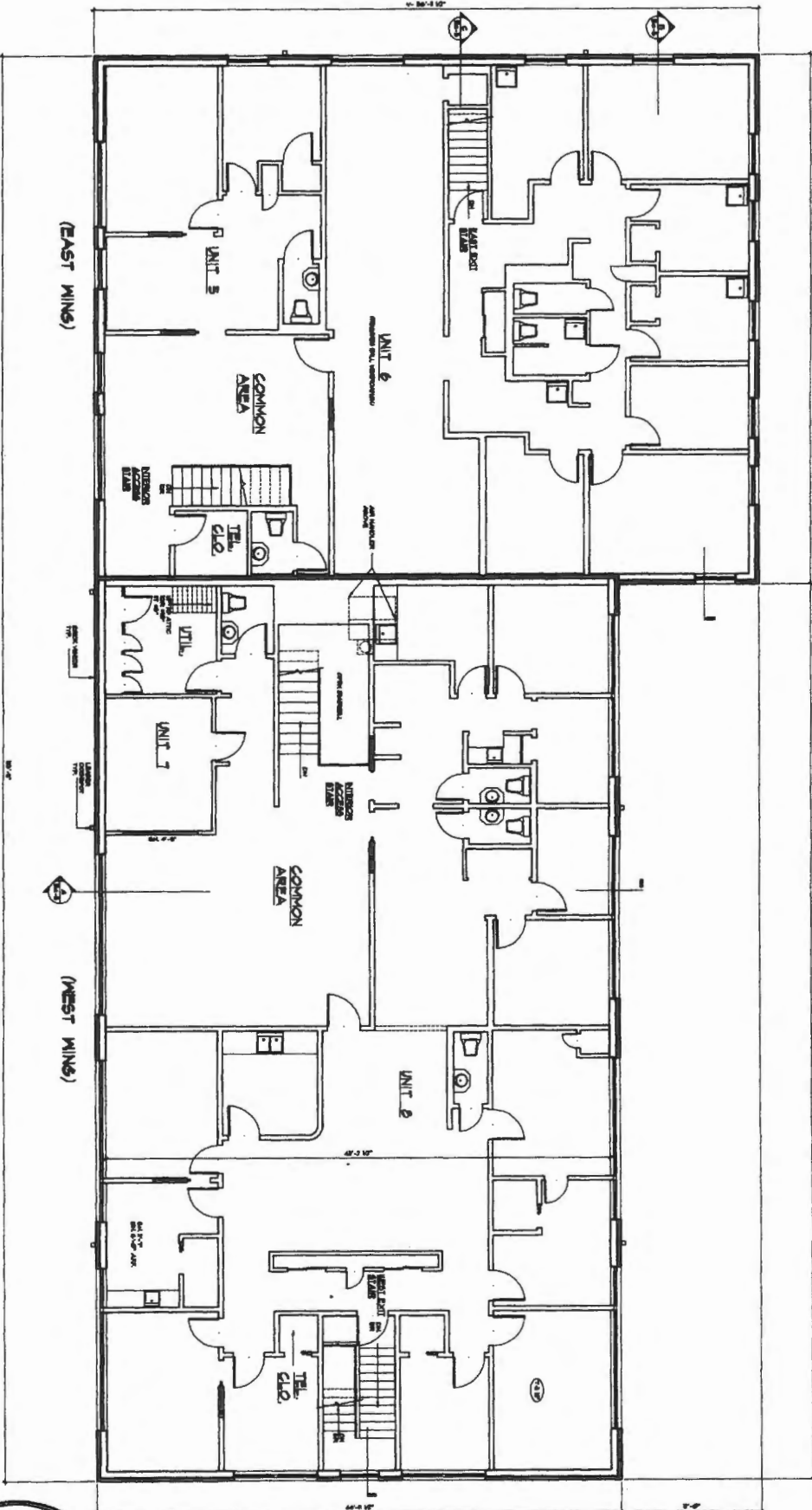
**Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.**

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 or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division 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: Brad Finlay Date: 10/17/07

**This is not a permit; you may not commence ANY work until the permit is issue**



SECOND FLOOR PLAN (EXISTING) 6,315 sq. ft.  
 TOTAL BLDG AREA = 7,450 sq. ft.



NO.	DATE	REVISION

**DIDONATO ARCHITECTS, INC.**  
 24 STATE ROAD, PORTLAND, ME  
 603-876-8800  
 FAX: 603-876-8801  
 WWW.DIDONATOARCHITECTS.COM

PROJECT:  
**BRAHMHALL MEDICAL BUILDING**  
 1 BRAHMHALL STREET  
 PORTLAND, ME

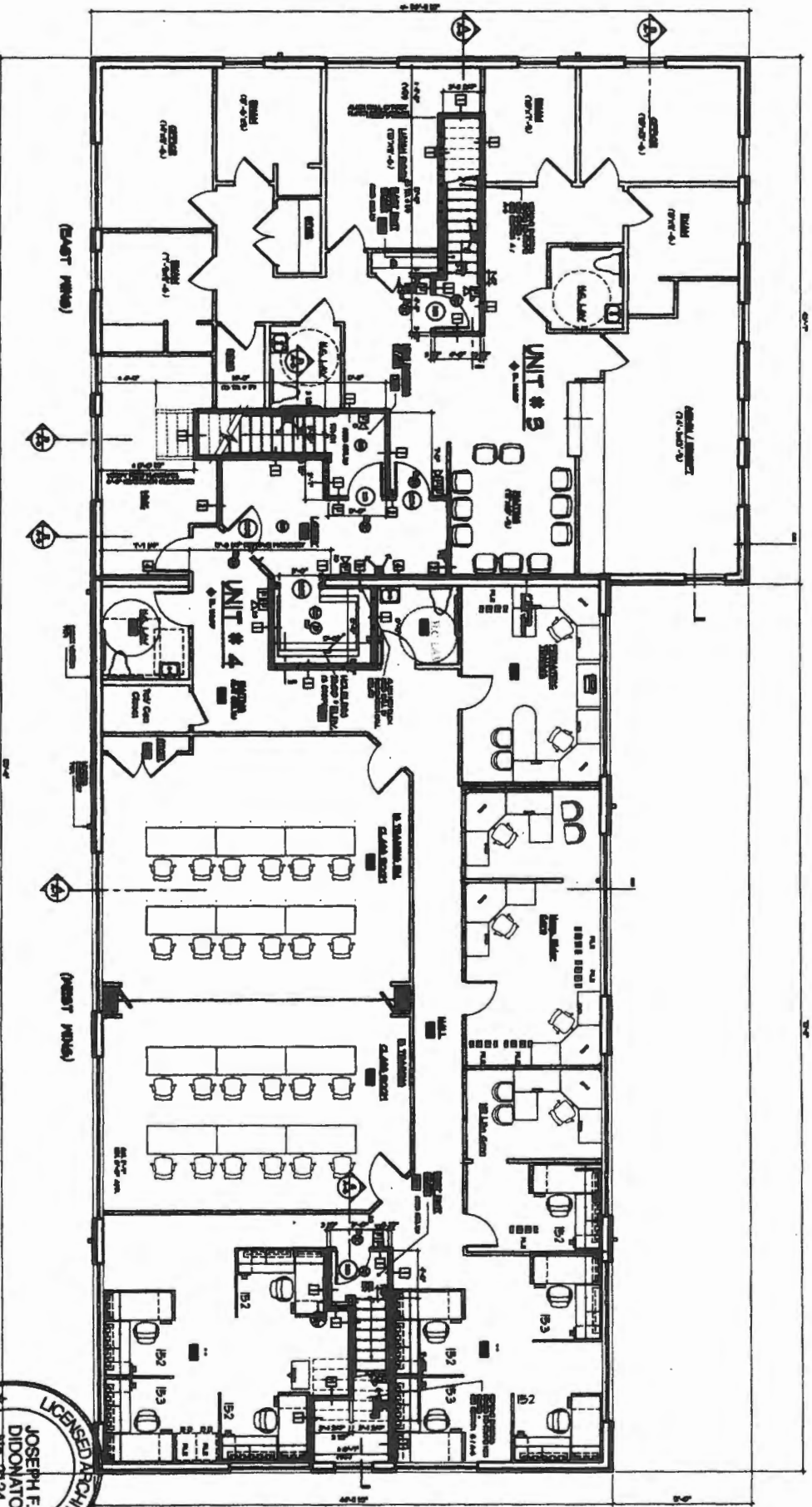
DESCRIPTION AND SHEET:  
 EXISTING CONDITIONS  
 SECOND FLOOR PLAN

DATE	DESIGNED
DATE	CHECKED BY
DATE	APPROVED BY

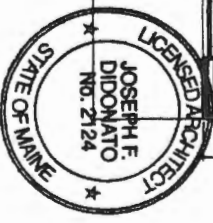
PROJECT NO.:  
**BC-2**  
 SHEET NO.:  
 3 OF 17

PROGRESS PLAN - 09/23/03





**SECOND FLOOR PLAN (LIFE SAFETY / ADA ACCESS)** 6,200 sq. ft.  
 TOTAL ELDERS AREA - 8,400 sq. ft.



<b>BRAMHALL ARCHITECTS, INC.</b> 100 BRAMHALL AVENUE BRAMHALL, MAINE 04817-1000 TEL: (603) 882-1111 FAX: (603) 882-1112		<b>PROJECT:</b> <b>BRAMHALL MEDICAL BUILDING</b> 7 BRAMHALL AVENUE BRAMHALL, MAINE		<b>PROGRESS PLAN:</b> LIFE SAFETY / ADA ACCESS / MT-1P		<b>DATE:</b> 09/23/03	
<b>SCALE:</b> 1/4" = 1'-0"		<b>PROJECT NO.:</b> 09/23/03		<b>DATE:</b> 09/23/03		<b>SCALE:</b> 10" = 1'	
<b>PROJECT NO.:</b> 09/23/03		<b>DATE:</b> 09/23/03		<b>SCALE:</b> 10" = 1'		<b>PROJECT NO.:</b> 09/23/03	

PROGRESS PLAN - 09/23/03



# CITY OF PORTLAND, MAINE

Department of Building Inspections

10.17 2007

Received from Alfonso Gran Woodworks

Location of Work 7 Brementell

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 495.00

420  
75.00  

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495.

Building (IL) \_\_\_ Plumbing (IS) \_\_\_ Electrical (I2) \_\_\_ Site Plan (U2) \_\_\_

Other \_\_\_\_\_

CBL: 53-07-63AC

Check #: 1665

Total Collected \$ 495

## 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.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy